Inaugural Address
ON
WORK DONE IN SURGERY BY ITS PROFESSORS IN THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

Delivered at the Opening of the School of Surgery, Royal College of Surgeons, Session 1887–88,

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MR. PRESIDENT AND GENTLEMEN,—It is not of my seeking that I occupy the position of lecturer to-day; it is by the will of my colleagues that I am here; and although I doubt the wisdom of their choice, I cannot refrain from an acknowledgment of so signal a mark of their confidence. It seems to me there is a peculiar responsibility and importance attached to the opening of this session, as we are, so to say, entering upon a new dispensation. "The old order changeth, yielding place to new." We are now, in truth, ringing out the old system and ringing in the new; and this process is fraught with consequences of the utmost gravity and importance, not alone to the student, but also to this College, the profession, and the public at large. Since the last inaugural address was delivered here a union has taken place between this College and the other medical corporations of Ireland. Hence the student in medicine has now to look forward not alone to sessional examinations, but also to a final one, conducted not as heretofore by one, but by two of the medical authorities. From this union of our College with the other corporations I anticipate the best results. The want of it has too long been a source of weakness to our profession, kindling feelings of mutual jealousy and distrust, and therefore keeping us divided, powerless, and weak; and although in the negotiations between the licensing bodies many feathers have been, and still are, ruffled, and the union not as comprehensive as I trust I may live to see it, still a good beginning has been made, and I look forward with confidence to witnessing a happy reciprocity and overlapping of our work, and an approach made to that end desired by all—unity in the science of medicine.

Although much hostile criticism has been devoted to the new curriculum and the sessional system of examinations—one which with certain students will always remain unpopular,—still, to those who take a far-seeing view of the situation, the merits of both must soon become apparent. As regards the former, I would allude to the accentuation of the necessity for a much larger amount than was hitherto required of what may be called extra-professional education—a wise provision in the interests of the social advancement of our profession,—inasmuch as this is influenced and promoted, as has been well said, not so much by its prominent heroes as by the impulse given by the culture and mental powers of the masses in it.

The sessional system of examination authoritatively emphasizes the necessity for abandoning for ever the method that formerly was too prevalent, of leaving till the last few months of pupilage all honest and earnest effort to master a sufficiency of anatomical and surgical details to satisfy the examiners. That system was as discreditable as it was pernicious to all concerned—students, teachers, and examiners alike; and it is amazing how it was tolerated by the authorities for so long a time. You are to be congratulated, instead of being sympathised with, at the extinction of such a system, and upon joining the ranks of our profession when the student in medicine occupies a far different and far higher position in public estimation than formerly was the case, and when the being, so ably satirised by Albert Smith and Dickens, who, fashionably dressed, vaguely "walked the hospitals" in the morning, and, subsequently, in the afternoon was an ardent "fire worshipper" in the dissecting rooms, is no longer to be found. Such a creature exists now, I am happy to say, only in the limbo of a discreditable tradition, and is as completely extinct as the Dodo.

If there are any among you who regret that their lot has fallen on these days, when frequent examination and constant toil, from the beginning to the end of your student career, seem to be essential to success, I would ask you to bear in mind and take comfort in the reflection that your present lot is not exceptional, that similar and frequent testings are found necessary for all who study other arts and other sciences with any hope of success. What would be thought of a student in engineering, or sculpture, or painting, or any other art or science whose proficiency was never tested, and who postponed all real work at those subjects until a few months before he demanded and expected public recognition in them?

It may be said that such examinations during the different stages of your progress are like the tests and exercises of your physical powers in your training for athletic exercises. All of you are, I trust, more or less proficient in these, and know something of the frequent measuring of your powers for your Olympian contests. If such contests are found to be essential to success, is it not important that even greater precautions should be taken to ensure success in the long professional contest in which most of your lifetime will be spent? and especially is it not more so in the profession you have chosen, in which the competitors are so many, and the honours and prizes comparatively few?

In your professional work, however, both as pupils and subsequently as practitioners, you should endeavour not to be influenced solely by the principle of working only for an immediate tangible result, of which Schiller spoke so contemptuously, as actuating what he termed the *Brotgelehrte*, or bread scholars. But first I must guard against the possible assumption that, in referring to this passage of the great writer, I hold that there is anything unworthy in looking forward to the acquisition of professional knowledge as a means of livelihood. Such a doctrine I hold to be preposterous, and only to be classed with poets' dreams; but I would impress upon you that the *Brotgelehrte* principle should not be the sole or even the main motive force in your efforts, as, I am sorry to say, it is with so many. Rest assured that work done for its own sake, irrespectively as to whether the results be tangible and practically useful or not, is, as a rule, the product of minds intellectually as well as morally far superior and capable of greater acquirements than those of persons whose objects are mainly personal advancement and the accumulation of wealth. The nobler class illuminate the path of science with lamps which ever burn with inherent fire; the others are like the lesser stars, which owe their brightness to reflected light.

In this school, as I know by pleasurable experience, the students have been, as a rule, ever animated by the three great motive forces which promote all good things—earnestness, enthusiasm, and honesty in work; and I feel confident that in the coming session you who constitute the class of the school of this College—a school hallowed by so many worthy memories and noble traditions—will not be behind your predecessors in proving yourselves capable of honest effort; determined to be true to yourselves, true to those nearest and dearest to you, who, perhaps, in some instances at great personal sacrifice to themselves, have sent you here to acquire your professional training. One of your main ambitions should be not to be haunted in after life by the disturbing and paralysing spectres of lost opportunities; and so at once grasp the golden grains of knowledge set before you, and, above all, keep records of what you see and what you hear both in hospital and school. Let your motto be—"Nulla dies sine linea." It was said by a distinguished author—Anthony Trollope—that "students should let their work be to them as is his common work to the common labourer. No gigantic efforts will then be necessary. He need tie no wet towels round his brow, nor sit for thirty hours at his desk, as men have sat, or said they have sat." Remember that constancy in labour will conquer all difficulties—"Gutta cavat lapidem non vi sed sæpe cadendo." At once therefore commence to make the most of the precious but irrevocable years of student life—years as fleeting as the clouds in a summer sky, which once gone never can return;

and ever bear in mind the truth of the old adage: "By the street of By-and-bye one arrives at the street of—Never."

"Gebraucht der Zeit, sie geht so schnell von hinnen,
Doch Ordnung lehrt euch Zeit gewinnen."—*Goethe.*

It has been noted as a peculiarity of our countrymen that they have a tendency to keep feeding their minds on the memories of bygone days, and to devote themselves to the contemplation of the achievements of their predecessors. There may be some truth in the charge; but, though the too frequent indulgence in the practice is certainly to be deprecated, it is at times not only fitting but right to recall the work done likely to endure, and the progress made by those who have preceded us. On the present occasion, however, I shall confine myself to making a retrospect, necessarily a swift and fleeting one, of the chief surgical work accomplished by many of my predecessors in the surgical chair of this College, in which survey I have to acknowledge with gratitude the assistance I have derived from the comprehensive History of the College by my friend and colleague, Sir Charles Cameron. An apology is hardly necessary for taking this course, as the labours achieved by these masters of our art have in so many instances acted as starting points for investigation, and resulted in new departures in our knowledge of surgical pathology, and consequent improvements in surgical therapeutics. While time and subsequent research have led to the rejection of certain views promulgated here, still it must be admitted that the great bulk of the work of our surgical predecessors has been accepted and their doctrines verified; but, irrespective of their acceptance or their rejection, one great good resulted, one precious legacy they bequeathed to us, which was the great and salutary impulse to effort that actuated them—that impulse which we call progress. The history of their work is, in truth, full of inspiring memories and pregnant with far-reaching hopes; and no one who studies it can fail to become sensible of the fact of the great responsibility which is attached to those who follow even "*longo intervallo*" the steps of many of the great surgeons who made this school the arena for their labours.

William Dease, whose statue so fitly adorns the hall of this College, was the first Professor of Surgery here, was an original member of the Dublin Society of Surgeons, one of the most energetic founders of this College, and a distinguished member of the surgical staff of the Meath Hospital and County Dublin Infirmary. He was a wise and philosophic surgeon, whose works, even when read by the light of modern investigation, remain, and are rightly considered, classical. They remain so, not only because they were the works of a conscientious and accurate observer, but also because they were written from, and not for, practice. His works "On Obstetrics," "On the Radical Cure of Hydrocele," "On the Treatment of Venereal Disease," and, lastly, his great work "On Injuries of the Head," would have been more than sufficient to render his name famous. He first recognised and taught the great fact in reference to the late appearance of evidence of cerebral inflammation, and its sequelæ after injuries of the head. In illustration of this pathological fact, noted by Dease, I may briefly recall two notable instances in my own practice in the Richmond Hospital, in one of which cerebral trouble did not become apparent until eight weeks after the receipt of the injury, which was a blow from the handle of a reaping-hook. The patient had gone to the north of England for employment at harvest operations, and sustained the injury during a dispute with some fellow-labourers, who emphasised their arguments by blows. No immediate bad consequences supervened, and for seven weeks after he was able to continue his work. He then returned to Ireland, and shortly after his arrival, and eight weeks after the injury, symptoms of cerebral pressure occurred. In the second case the injury was the blow of a hammer, which was inflicted six weeks before any serious mischief was apprehended. Oddly enough, the injury in both cases was inflicted just over the left temple, and as regards the symptoms also there was the closest analogy. There was evidently brain pressure in both cases, indicated by slowness of pulse, complete motor paralysis, retention of urine, myosis, and complete insensibility, but in both cases an absence of stertorous breathing. I trephined in both instances over the seat of the injury. In the first case the cranial opening was, as in a third case in which I performed the operation of trephining for intracranial hæmorrhage, within a hair's breadth of the source of pressure. Had I in this case the confidence in dealing with it that antiseptic surgery has now given us, I would have made other openings, and doubtless have relieved, and probably have saved, the patient's life. In the second case, in which a cerebral abscess, the result of injury, was diagnosed, and which occurred in my practice in the Richmond Hospital last August, I was more fortunate. The patient, a young man aged twenty-four, at the time of the operation was speechless and unconscious, the paralysis both of motion and sensation complete, together with the other evidences of pressure above noted. He had, in addition, frequent convulsive seizures, confined altogether to the right side, after each of which the insensibility appeared to become, if possible, more profound than before. The patient was clearly *in extremis*. In this apparently hopeless case, assisted by you, Mr. President, and my colleague Mr. Thomson, I trephined over the seat of the injury. On raising the flap, I found that there was a fracture of the outer table of the bone—a small portion of which, about the size of a threepenny piece, was detached. There did not seem to be any depressed fracture. I then applied the trephine and raised the bone, and on finding no evidence of effusion of any kind between the bone and dura mater experienced a veritable pang of disappointment. I then pierced the dura mater with the needle of a hypodermic syringe, and on drawing up the piston again experienced disappointment at getting a negative result. I then passed the needle deeper, but with a like result. I was then about to withdraw it and abandon my efforts to relieve the patient, when I determined, having gone so far, and strengthened by the full concurrence of my colleagues, to make one final attempt to pass the needle down as far as ever it could go. I did so, and my satisfaction was, I need hardly say, intense when, on drawing up the piston, a few drops of pus were apparent in the glass receiver. I then freely opened the dura mater, and, using the needle as my guide, sank the blade of a narrow-bladed bistoury down to the abscess, the contents of which welled up to the surface. I completed the evacuation of the abscess by passing into the cavity a piece of indiarubber tubing, and, attaching one end of it to the nozzle of a glass syringe, succeeded in drawing or pumping up the contents of the abscess. About an ounce and a half of dark grumous pus was in this way obtained. I then washed out the cavity with a warm 1 per cent. solution of carbolic acid, and then, leaving a drainage tube in, replaced the flap and dressed it with sal alembroth gauze and iodoform wool. I need not give, on the present occasion, any further details, but may state that before the patient left the operating theatre his power of speech returned; in less than three hours there was a marked improvement in all the paralytic symptoms, and ultimately the recovery was complete.

The case is remarkable and deserving of record, not only in consequence of the late appearance of the results of inflammatory mischief, but also from the fact of the satisfactory result of the operation, the case being, as far as I am aware, the second in which the operation of evacuating a deep-seated traumatic cerebral abscess was performed; the first in which it was done having been in Dupuytren's celebrated case—probably the most splendid operative effort ever achieved by that illustrious surgeon. The other cases of cerebral abscess from traumatism for which trephining has been performed, have been, as far as I can ascertain, without exception peripheral. The cases above alluded to I mentioned from their being so signally illustrative of Dease's doctrine as to the late appearance in many cases of inflammatory cerebral mischief after cranial traumatisms.

Following Dease, whose death, attended with such tragical circumstances, was a blow to the cause of scientific surgery in Ireland, came one of the most remarkable teachers of surgery that probably ever existed here or elsewhere. I allude to Abraham Colles, whose works hardly need to be enumerated, as they are doubtless familiar to most or perhaps all of you. If asked on what I thought Colles' fame would ultimately rest, I would say, first, the great and salutary revolution which he effected in the treatment of syphilis, and which resulted in the abandonment of the reckless and indiscriminate use of mercury, and the advocacy of the principles that should guide us in the administration of the drug—principles now accepted by modern therapeutists of the very highest authority. In this respect Colles proved himself to be a true pioneer, and clearly in advance of his time. Secondly, the graphic and accurate description of fracture of the lower end of the radius—the one

which fitly bears his name,—his account of it being all the more remarkable from the fact of his never having had an opportunity of dissecting an example of the injury. And lastly, the enunciation of what Mr. J. Hutchinson has designated "Colles' law"—that, namely, in reference to the immunity which mothers of congenitally syphilitic infants have against infection from their offspring, an immunity not enjoyed by the nurses previously unaffected. As regards his powers as a teacher, no better proof could be given of the high estimate that was formed of them than the resolution which was passed by the College on his retirement from the chair of Surgery. It ran thus: "It was the unanimous feeling of the College that the exemplary and efficient manner in which he has filled the chair of the Theory and Practice of Surgery for thirty-two years had been the principal cause of the success and consequent high character of the School of Surgery in this country." Colles was, as has been well said, "an example to all of what may be achieved by accurate observations and truthful record." With the former, many of them original, his works are replete. Some have undoubtedly been appropriated by others, but, in truth, it may be said of him in regard to his works what was observed of a celebrated French philosopher and jurist, that even "when pillaged by all, he is still rich."

Next in order came a no less eminent teacher, one who occupied a foremost place among the *dii majores* of the surgical profession. I allude to Prof. W. H. Porter, the father of my esteemed friend, colleague, and former teacher, Sir George Porter. Prof. Porter's researches, carried on in the Meath Hospital, on the surgical staff of which he was for over forty years, on aneurysm, on syphilis, and on the diseases of the larynx and trachea, on which latter subject he published a work which must always be reckoned among the surgical classics, justly acquired for him a world-wide reputation; and although to one important doctrine of his, in reference to the inutility of the operation of tracheotomy in croup or diphtheria, exception may, I think, be taken—a doctrine which, having regard to the time he lived in, he doubtless had good grounds for holding and maintaining,—still I feel confident that had he lived and worked during the present era, in which we have the advantage of many additional surgical improvements and appliances that did not formerly exist, he would have modified those views and become satisfied that the operation in the great majority of such cases not only gives great and immediate temporary relief, but that in a considerable proportion of them it is distinctly a means of saving life. This statement is based not alone on the results of statistical research, which show that there have been 26½ per cent. of recoveries in these cases after the operation, but also on the experience I and my colleagues have had in the Richmond Hospital. We cannot, it is true, boast of any lengthened list of recoveries after the operation in these cases, but still there have been some, and doubtless there would have been others if the cases had been available for operation at an earlier date. But in all the temporary relief obtained was most remarkable. As a lecturer Professor Porter was unequalled. His earnest eloquence enthralled his pupils, and his frank and ready appreciation of what he believed to be true was only equalled by his fearless denunciation of, and scathing sarcasm in dealing with, what he believed to be untrustworthy and false. He was, in truth, no "dry-as-dust" a teacher. His hearers were supplied from no ancient eroded cistern or stagnant pool, for he had the power, possessed by so few, of being able to strike the rock from which came the living water.

Associated with Professor Porter was Mr. C. Todd, the father of the eminent physician, Robert Bentley Todd of King's College Hospital, London. Mr. Todd, who was also secretary and librarian to the College, was not a prolific author, but a conscientious and successful teacher, and his papers in the Dublin Hospital Reports—that mine of scientific wealth—are characterised by an essentially practical spirit. With his name must be always associated the introduction in the Richmond Hospital of the pressure treatment of aneurysm, that known as the "Dublin treatment." It was in a case of Mr. Todd's that the treatment first proved successful.

As regards the efficiency of this method of treatment, however, I cannot but think that surgical opinion is destined at no distant period to undergo considerable change, owing doubtless to the diminished risk now attending arterial deligation. In other words, I regard the treatment we have so long justly taken pride in as having originated here as being, to a great extent, deposed from the lofty pedestal on which it has for so long a period fitly rested. In a large proportion of cases I believe it to be not only unreliable as a means of cure, but likely, if persisted in for any length of time, to militate against recovery being obtained when other and surer means of cure are subsequently adopted. In illustration of this I may instance, among others, three examples of aneurysm—one a radial, the second a femoro-popliteal, and the third a popliteal. In all three cases pressure was tried for a lengthened period, and without effect. The failure, in fact, in all was signal.

In the case of the radial aneurysm I subsequently tied the artery—and this, owing doubtless to the too free collateral circulation that was established, was also unattended with success, and eventually I had to excise the aneurysmal tumour, performing the old operation of Antyllus.

The second case was a femoro-popliteal aneurysm, which was under my care so far back as Aug. 17th, 1870. In this case I commenced making pressure on the femoral artery, using alternately Read's and Carte's artery compressors—the former on the groin, and the latter at the middle of the thigh. After four days and nights' continuous pressure no difference was observed in either the size or consistence of the tumour. Digital pressure was also applied for two days, but with a negative result. I then exposed the femoral and placed a temporary ligature upon it, using Porter's clamp. This was removed after fifty hours, but without any satisfactory result, and eventually, the aneurysm having become diffused, I had to amputate the limb. I feel satisfied that, had a ligature been applied to the artery in the first instance, a different result could have been recorded.

In the last case I would allude to—that, namely, of popliteal aneurysm, one which has recently been under my care in the Richmond Hospital—pressure had been intermittently employed for a long period (viz., over three months), and I have no reason for supposing that it was not done with the highest degree of efficiency; but, as in the other cases, the result was unsatisfactory. The case then came under my care, and though urged by some of my surgical friends to continue the pressure treatment, I preferred, having regard especially to the latter having got, as I believe, an ample trial, to deligate the artery. There was immediate and firm union of the wound; no evidence whatever of pus production; but shortly after the operation a very distinct pulsation returned in the aneurysm, which continued for several weeks—so long, in fact, that I began to fear that the operation was not going, as far as the cure of the aneurysm was concerned, to be a success. Eventually, however, the result was eminently satisfactory. In this case, therefore, the pressure treatment not only failed to cure the aneurysm, but owing, as I believe, to the too free collateral circulation that was established as a consequence of the prolonged pressure, the recovery after the operation was distinctly retarded.

The lesson, therefore, to be learned from these as well as other cases that might be adduced, is that, unless some hindrance or contra-indication exist, the surgeon who feels himself competent to perform efficiently arterial deligation and able and willing to perform it in a thoroughly antiseptic manner, should prefer it to, at all events, any prolonged treatment of pressure, or to any of the other numerous eccentric devices that have been proposed from time to time by various persons craving for notoriety and a little ephemeral reputation, and who in this way veil their surgical incompetency under a garb of supposed originality.

Succeeding Mr. Todd came Mr. J. Wilmot, who contributed many able surgical papers to the Dublin Hospital Reports and *Dublin Quarterly Journal*. His fame as a surgical author will mainly rest on his work on "Diseases of the Prostate," in which he was deservedly regarded as a high authority.

The last of the occupants of the Surgical Chair of this school I would allude to is my immediate predecessor, Professor Hargrave, who for a long series of years ably maintained its reputation and prestige. Numerous papers on many practical surgical topics bear testimony to his unceasing industry, energy, and powers of accurate observation, and finally his work on "Operative Surgery"—one too little known and appreciated—fitly placed him in the front rank among his surgical contemporaries.

It will thus be seen that in advancing and elucidating many of the greatest and most important branches of surgery, such as, among many others, fractures, aneurysm, syphilis, injuries of the head, diseases of the genito-urinary organs, of the larynx and trachea, and also in the wide, in

truth almost illimitable field of operative surgery—subjects which have for so long a time agitated, and are still agitating, the surgical world—the occupants of the chair of Surgery in this school have been original investigators and leaders, whose work has stood the test of time, the most of it being still and likely to continue accepted.

Briefly regarding it, as we only can do on an occasion like the present, work of such rare excellence as has been achieved by our surgical predecessors here cannot but act as a healthy stimulus to further effort, not only on the part of your teachers, but also on your part; for all, teachers and pupils alike, are or should be actuated by the worthy ambition which so largely influenced those who preceded us, which had for one of its chief objects the maintenance of the prestige and reputation of this great and time-honoured College and the Irish School of Surgery. In the present day exceptional difficulties and obstacles doubtless exist in the advancement of our art which did not, at all events to the same extent, hamper the efforts and retard the work of those who went before us. These difficulties still exist, and are likely to continue, until, in more enlightened days, they are swept away with the contempt which they so richly merit. I allude more particularly to the difficulties thrown in the way of the experimental physiologist in these countries, and to the cruel and insensate opposition made to the action of the Contagious Diseases Acts, both striking illustrations of how sentiment may get the better of judgment, and both mischievous products of what has been well termed the *lues philanthropica*—that weak, flabby, boneless, utopian humanitarianism now so prevalent, and that has done so much to sap the judgment, discretion, and good sense of so many men as well as women. You should look upon it as one of your great duties and privileges, in the present as well as in the future, to aid in bringing about that happy era, sure to come sooner or later, when all such opposition and obstacles shall exist only among the traditions of our art, and when, to quote Graves' noble words, "the stream of knowledge, now fed by a thousand new sources, flows along deep and rapid, sweeping away every obstruction, and defying all human opposition." Then the obscuring mists of prejudice and folly will be lifted off the ground and dispersed as by a magician's wand, and the physician and surgeon will not have so often to fold their arms and sorrowfully confess that they can do no more, confess that they stand baffled and powerless in the presence of disease, which perhaps they may have vanquished for a time, but never conquered; then the State will no longer be guilty of thwarting efforts which, if allowed to be made, would, we know, aid signally in stamping out that fell disease which is such a cruel and relentless scourge and curse to humanity, which counts more victims than cholera, small-pox, or yellow fever put together, and which spares neither age nor sex, not even the innocent child unborn.

In your professional life hereafter, if slow to accept new principles and practice, be also slow to reject them. Remember there is nothing so cheap or so nasty as senseless detraction, nothing so vulgar, so stupid and contemptible as an unreasoning scepticism, and that indulgence in either or both has not infrequently brought persons into a position at once melancholy and at the same time ludicrous. I allude more particularly to the hostility that was formerly evinced by "practical" persons to the many instruments of precision now so indispensable to every educated practitioner, and of late years mainly, I regret to say, in the surgical ranks of our profession, to the principles and practice of antisepticism as elaborated by Pasteur and Lister. When we consider how recently we have heard antiseptic practices held up to contempt as little else than a fashionable but essentially ephemeral craze, and its professors and advocates described as persons apparently temporarily afflicted with a form of harmless lunacy, which in time, and with a more extended experience, they may reasonably be expected to recover from, we have a good example of the humiliating position unthinking detractors may eventually find themselves in.

You may be well congratulated at beginning the work of your lives—that which I trust may soon prove to you all a happy toil—at a time in which the advances made and the results obtained have been so great as to justify its being termed the "Golden Age" of surgery, and to prove how rash it was even of so great a surgeon as Boyer, upwards of seventy years ago, to express his conviction and belief that surgery had already attained perfection. In dealing with the present epoch, the historian will doubtless place in boldest relief the revolution that has taken place in the treatment of wounds, one which has been attended with such amazing results, and brought about, not by any chance or inspiration, but by the application of knowledge gained from three of the great sources of scientific wealth—Physiology, Chemistry, and Therapeutics.

As a proof of what we have gained in our power of warding off and disarming what are not inaptly termed "preventable" diseases following wounds, all more or less connected with septic infection, let us briefly glance at some facts connected with comparatively recent wars, for which I am indebted to my friend, Sir William Mac Cormac.[1] In the Crimean war the number of men who lost their lives in the French army was 95,615, of which only 10,240 perished at the hands of the enemy, the remainder succumbing to diseases resulting directly from their wounds. In the American war 95,000 men died from wounds, while 184,000, nearly double the number, perished from septic affections consequent on them. A remarkable change for the better was observed in the Franco-German war. In this campaign 28,282 died of their wounds, while only 12,253 died of preventable disease. But the greatest result of all yet obtained was in the Egyptian campaign of 1882, in which not a single instance of death from pyæmia, septicæmia, erysipelas, or hospital gangrene is recorded.

In fulfilling the task you have laid out for yourselves to accomplish, I trust you will be not merely steady workers, but earnest enthusiasts. I believe that in the study and scientific pursuit of our profession the highest exercises of the mind are required, and the best charities of the heart are elicited. To ensure an honourable success here—by which I mean not so much the acquisition of State honours or wealth, as the sympathy and good opinion of your contemporaries—bind yourselves by a true and exalted line of conduct; be strong, courageous, and stern in resisting all temptations to evil-doing; cherish always the worthy aspiration that your energy in all right and honourable action may not fail, and that you may not, in consequence, fall into that hopeless quagmire of mental stagnation into which so many sink, and from which so few have power to emerge; and, above all, remember that those talents with which you have been entrusted—to some more and to others less—should not be wrongly buried in the ground, but returned with interest to Him to whom you are indebted for them. Let it be your ambition as well as your prayer that you may be ever animated by the spirit of that great and solemn obligation which the philosopher and physician, Hippocrates, the Father of Medicine, required from his pupils—"In purity and holiness I will spend my life and practise my art." Do this, and then

> "Shall inferior eyes,
> That borrow their behaviour from the great,
> Grow great by your example."

Lectures
ON
PRACTICAL LEGAL MEDICINE.

Being the Post-Graduate Course delivered at St. Mary's Hospital,

BY AUGUSTUS J. PEPPER, M.S. LOND.,
LATE EXAMINER IN FORENSIC MEDICINE TO THE UNIVERSITY OF LONDON.

LECTURE III.

GENTLEMEN,—In the first place let me direct your attention to the post-mortem appearances of the stomach and intestines in certain forms of natural and violent death. It is often very difficult to distinguish the *congestion of the stomach* incidental to disease and prolonged vomiting from that due to irritation of the mucous membrane by poison. In very pronounced cases of either, of course the question is easy of determination, and in these, too, the concomitant signs, together with the history, place the matter beyond doubt. But there are many instances in which, on casual and exclusive observation, a wrong interpretation may be made. I believe, however, it seldom or never occurs that

[1] On Abdominal Section. By Sir William Mac Cormac. Annual Oration delivered before the Medical Society of London, 1887.

one is unable to arrive at a definite conclusion. Nevertheless, one meets occasionally with a case which at first sight is very equivocal and liable to be misconstrued for want of sufficient consideration of the possible results of physiological and pathological factors. On a previous occasion, when speaking of congestion of the brain, I mentioned a prevalent error—viz., confounding the causes of death with the modes of dying. A similar mistake is sometimes made with regard to congestion of the stomach. Passive congestion or venous engorgement of the stomach is found after asphyxial death, and also when there has been obstruction of the portal circulation. So, too, the veins are filled to repletion when a person has died during active digestion. The force of gravitation causes the blood to accumulate in the large veins in the cardiac end of the stomach, so that the difference in colour at the cardiac and pyloric portions is very marked—so much so that it may excite a suspicion that an irritant poison has been administered; but in irritant poisoning, besides the venous congestion, the mucous membrane is marked by more or less intense capillary injection. There is a diffused or punctate redness of a bright vermilion tint over a dark bluish-black arborescent background. Acute gastritis of extrinsic origin may closely simulate the condition of the stomach when inflamed, as the result of the action of some general morbid state—e.g., the specific fevers. In the latter, however, the injection of the mucous membrane is, as a rule, more evenly and widely distributed; and in one particular affection—typhoid fever—the solitary lymphoid glands are enlarged in like manner as they are in the intestine. This latter sign should not be overlooked. In two instances within my knowledge it furnished a clue as to the ultimate cause of death, which was unsuspected during life. In the first case, a boy aged twelve died somewhat suddenly in hospital from profuse hæmorrhage from the stomach. At the necropsy the mucous membrane of the stomach was injected and the solitary glands were markedly swollen. One of these had ulcerated into a contiguous artery. The intestinal glands showed that the disease was of about eight days' duration. You might ask how could a mistake arise in the investigation of such a case? At the general post-mortem examination one would not be likely to make one; but suppose the stomach had been removed and sent to you for examination, you might not be furnished with the corroborative evidence afforded by the intestine and the mesenteric glands. The second of the two cases above referred to was that of a girl, aged six years, who died in February, 1886, after being attacked with vomiting, which lasted thirty-three hours. Diarrhœa set in eighteen hours before death. The symptoms were singularly like those of irritant poisoning, and the post-mortem signs observed in the stomach seemed consistent with this theory. The mucous membrane was generally hyperæmic, the entire surface being redder than normal. This was most marked in the cardiac portion, for reasons mentioned above. There were groups of capillary extravasations of blood in the mucous and submucous tissues. The solitary glands were enlarged, and the summits of a few contiguous rugæ on the posterior surface were blackened. The recollection of the enlargement of the lymphoid glands seen in the former case led me to surmise that here also I might be dealing with the consequences—primary and secondary—of typhoid fever, and so it turned out to be, for typical enteric lesions existed in both the mesenteric and intestinal glands. From an examination of the stomach alone, I believe it would have been difficult to say that the deceased child had not succumbed to the effects of an irritant poison taken into the stomach. The sequence of events was much as follows: the mucous membrane of the stomach was inflamed from the specific poison of typhoid fever; this was followed by a very natural consequence—persistent vomiting; the vomiting caused serious interference with the gastric circulation—to such an extent, in truth, that the tension in the capillaries led here and there to rupture of their walls, and thus to the punctate extravasations. The black streaks spoken of deserve special mention, because they might have been taken as signs of superficial corrosion of the mucous membrane; but on close inspection it could be easily seen that the epithelial surface was not broken, nor had the membrane lost its natural lustre. This was rendered more obvious by the passage of a stream of water over the area involved. The staining was not due to hæmorrhage, for, although recent, it was quite black; moreover, it was in the form of uniform splashes along the tops of the rugæ. There can be little doubt that some metallic bismuth had been deposited on the membrane after death, when the muscular coat was contracted and the mucous coat thrown into ridges, for to allay the vomiting a salt of bismuth had been prescribed for and taken by the patient. A careful analysis of the contents of the stomach revealed a trace of bismuth. It is interesting to note that in this case—one of suspected irritant poisoning—allowance had to be made for the possible presence of three metals given medicinally—viz., bismuth and cerium as stomachic sedatives, and mercury as an aperient. It was feared that by accident the child might have taken a poisonous dose of a mixture which contained arsenic and iron. Nothing but bismuth was detected. Before dismissing the present inquiry, let me emphasise the fact that capillary extravasations into the mucous membrane of the stomach are frequently caused by the act of vomiting, irrespective of organic changes in the mucous membrane. It is an important matter, and worthy of your best attention. Not seldom I have heard it stated that such extravasations were strongly suggestive of irritant poisoning. Taken by themselves, let me repeat, they are of little forensic value.

I pass now to the consideration of certain features of intestinal lesions that not unfrequently come under the notice of the medical jurist. A person is seized, perhaps unexpectedly and suddenly, with violent vomiting and pain in the abdomen. Nothing is known that can throw light on the case. The usual remedies are given, and fail. Death ensues, say, within twenty-four or thirty-six hours. It is not surprising that suspicions of foul play should arise, and it is your duty to dispel or confirm what before the post-mortem examination was only conjecture. Let me cite to you one or two cases by way of illustration. A strong, healthy, middle-aged man was seized with uncontrollable vomiting, accompanied by griping pain in the abdomen. The symptoms continued with but little variation until his death about twenty-five hours afterwards. An inquest was held, and a post-mortem examination was made by two medical men. They found the mucous membrane of the stomach markedly congested, and a portion of the small intestine so injected with blood that even the outer surface presented a deep crimson colour. Coupling these facts with the symptoms and their pronounced course during life, they came to the conclusion that an irritant poison had been taken accidentally or administered by design, and gave the cause of death as being "congestion of the stomach and peritonitis." I was requested to make a further examination of the cadaver. This was done in the presence of three medical men. I pointed out that the nature of the congestion of the stomach was such as is met with after prolonged vomiting. The veins were full, and there were groups of punctate extravasations, but an absence of general minute injection of the vessels. Moreover, there was no abrasion of the mucous membrane. Then, again, the portion of small intestine that had suffered was not continuous with the stomach, but several feet below it, the intervening portion of bowel showing no abnormal appearance. It was not probable that an irritant poison would affect the stomach and then pass a large section of the bowel unscathed to spend its action on a number of coils below, and there end as abruptly as it had commenced. Fortunately the state of the peritoneum gave the desired supplementary evidence. The mesentery corresponding to the congested bowel was studded with patches of extravasated blood, varying from the size of a hemp-seed to that of a sixpence. All doubt was now dispersed—the case was one of twist of the bowel, a condition explaining each and all of the symptoms and post-mortem signs, phenomena consistent with no other hypothesis. I may remark that the volvulus had been reduced at the first examination, so that I did not actually see it. The case illustrates the way in which facts may be misinterpreted, and shows further how a previous manipulation, though properly conducted, may destroy evidence of the greatest value.

Let me now give you briefly the facts of another case of suspected poisoning, in which death was due to acute obstruction of the bowel from traction on the small intestine by adhesion bands, the result of an attack of general peritonitis of distant date. The deceased was a soldier, aged twenty-four. Prior to his fatal illness he was not known to have suffered from any serious organic disease. It is true he had had syphilis, but this had yielded to appropriate treatment. One morning he was seized with griping pains in the abdo-

men, vomiting, and great thirst, followed shortly by cramps in the legs. He died exhausted in about eighteen hours. I was not present at the first examination of the body, nor at the first sitting of the coroner's court. The medical men who had charge of the case found the stomach and a portion of the small intestine much congested, especially the latter. They gave an opinion that the deceased might have succumbed to irritant poisoning. I was ordered to make a further investigation by way of post-mortem inspection and chemical analysis. The latter procedure failed to detect any kind of irritant or corrosive poison; in fact, the results obtained were purely negative. A careful examination of the contents of the abdomen left no reasonable doubt as to the cause of death. The congestion of the stomach was not sufficiently pronounced as to render it the probable cause of the violent vomiting and the rapidly fatal course of the symptoms generally. There were numerous peritoneal adhesion bands, concerning which I need only particularise two. One of these was stretched across the sigmoid flexure of the rectum, and had exerted considerable traction on an adjacent coil of intestine. No untoward results had ensued from this; but the second band had constricted a coil of the small intestine to such an extent, that for the length of a foot its lumen had become enlarged to many times its normal size. The mucous membrane in this portion was quite pale, but above it there was intense but uniform congestion, evidently of mechanical origin. There was no corrosion of the mucous membrane, no abrasions and no hæmorrhages. The limitation of the congestion below was very distinct, as though a piece of cord had been tied round the bowel. I have little doubt that the affected coil of intestine had become suddenly twisted upon the fixed point of adhesion. The congestion from an irritant poison is never so abruptly defined nor so completely and evenly diffused without other abnormal appearances. The mesenteric glands were enlarged and caseous, but there was no evidence anywhere of active tubercular mischief.

Now, one occasionally meets with instances of death from obstruction of the bowels in which the symptoms are mild and of correspondingly long duration. They may be so little marked, in fact, that their cause may be overlooked, and even at the necropsy the signs of obstruction may appear inadequate to explain the death. I refer to the cases of partial strangulation of large hernia in *old people* with little vital power. The reflex centres do not respond promptly and with energy to the peripheral irritation, but participate in the general subdued tone of the whole nervous system; and at the same time the patient's strength is unequal to support the strain expressed in terms of pain and emesis of moderate severity. I will give you a typical instance which came under my notice in the present year. An aged man had for several days complained of some pain in the stomach, and this was followed by vomiting. He was admitted to hospital, and died eight hours later from exhaustion. During life the house-surgeon disengaged from an inguinal sac about a foot and a half of small intestine, which I found moderately congested, but presenting nothing like the appearance usually found where death has been caused by strangulation of the bowel. Besides this, there had been no difficulty whatever in reducing the hernia by taxis. Previous experience enabled me to affirm that the deceased owed his death to obstruction of the hernial protrusion. The case affords evidence, if it were required, of the necessity of examining all known hernial sites when the abdominal symptoms, however slight, are in any way doubtful.

I will now direct your attention to the consideration of some comparatively rare causes of death which may be overlooked for want of information respecting the actual state of health of persons prior to their sudden decease. In the first place, let us glance at the condition known as *diabetic coma*. It is not my purpose here to analyse in detail and make a differential diagnosis of the peculiar state above indicated, but I may parenthetically remark that faculty-consciousness is not necessarily present, as has been supposed, in all cases. Nor, according to my experience, is it usual for the diabetic halitus to be abolished or perceptibly diminished during any stage of the period of unconsciousness. In short I look upon its presence as the great safeguard against confounding diabetic coma with other forms of insensibility during life, and against falling into error as regards the cause of death. Of course it is quite plain sailing where the malady is known to have existed beforehand, and in such no excuse can be made for diagnostic or forensic blunders. But I want to impress upon you the necessity, when making a post-mortem examination in a case of death from coma concerning which none of the antecedent conditions are known, to note the odour that emanates from the tissues and viscera. You should direct your observation especially to the *brain*, because, in the first place, the peculiar and characteristic smell of diabetes is there well exhibited; and, secondly, inasmuch as it is not masked by other odours such as one meets with in the abdominal viscera. It is scarcely necessary to mention that you should preserve any urine that may be found in the bladder post mortem, and any that may have been voided during the fatal illness of the deceased person. On two occasions I have been able to demonstrate the cause of death of individuals who during life were not suspected of having suffered from any disease. In each case a *sectio cadaveris* had been performed without discovering that the body gave off what appeared to me as the highly marked and characteristic smell of acetonæmia. People, like animals, vary much in their discriminating power of detecting various odours, so we must not expect too much from this means of gathering evidence. We must be on our guard that the smell of acetonæmic tissues is not mistaken for the sweet odour incidental to pyæmia and other less defined pathological states. Even if you suspect death from diabetic coma on the grounds that a peculiar emanation is given off from the fluids and tissues, you will not rest contented with the suspicion, but analyse the urine or cerebro-spinal fluid both for grape sugar and the derivate body alleged to be acetone. Finally, I may add that if a person presumably healthy beforehand is found dying from coma, and if after death no coarse anatomical lesion is found sufficient to explain the event, you should at once note acetonæmia as a possible, nay, even probable, explanation. If neither sugar, acetone, nor any other poison is discovered, it is not unlikely that the deceased succumbed to epilepsy. You know the first attack may prove the last, so that, save for a family history of neuroses, there may be nothing to guide the medical jurist.

A few words with regard to sudden death from *saturnine epilepsy*. It is curious that a body so chemically simple as lead should bring about such curious, I might almost say mysterious, phenomena. There can be no doubt that workers in the metal far more frequently suffer from cerebral symptoms than is generally supposed; and I believe that death is not so rare from epileptiform convulsions of saturnine origin as our text-books on forensic medicine would lead us to believe. It is all very well to teach that lead workers can with ordinary care steer clear of danger; but from observations I have made—and my opinions are corroborated by medical men in charge of lead factories—it is extremely difficult to prevent the metal gaining access to the system. I once heard it sworn in court that over 90 per cent. of the white-lead workers in a particularly well-conducted factory showed the blue line in the gums. In one case I examined the husband of a woman who had fallen a victim to "lead epilepsy." He had been employed for only three months in making litharge, and yet his gums were discoloured almost as much as I have ever seen. This man assured me he had carried out most faithfully all the precautions enjoined by his employers, and which, moreover, were those which the law demanded should be given. In cases of supposed death from saturnine epilepsy, it is necessary to examine the gums, the intestines, and the nervous system, and to make a chemical analysis of the viscera, especially the liver. Just one word of caution about the staining of the gums. Do not jump to the conclusion that because the gums are blue they are necessarily so from deposit of lead. I have known simple post-mortem congestion of the mucous membrane in question closely resemble lead staining; nay, I have seen it mistaken for it. The dark venous hue of the blood is toned down to a steely grey by the thick white epidermis. But you can always avoid error by applying a simple chemical test. The blue line of lead is turned yellow by chromic acid, and hydric sulphide converts the yellow into black. You are told the intestines are found contracted (post mortem) in chronic lead-poisoning. This is not always the case. I have found them free from contraction, but then one may observe the general hypertrophy of the muscular coat of the bowel, and the absence of permanent mechanical obstruction.

There is yet another cause of comparatively sudden death that may be overlooked—viz., *Addison's disease*. In the only case of the kind that came under my notice, the real condition was not discovered at the necropsy.

The inquest was adjourned for further inquiry, and I was directed to examine the body. I found the suprarenals tubercular, and pigmentation of the skin well marked. The deceased had suffered from general ill-health and progressive emaciation, but the particular affection had not been recognised.

In concluding this lecture, I will direct your attention to a source of danger to life which, so far as I know, has not hitherto been noticed in the medical press. I refer to *poisoning from the use of perchloride of mercury in the form of very weak solutions*—e.g., 1 in 1500 or 2000. I understand that in midwifery practice it is not at all uncommon to employ injections of the strength just mentioned for cleansing purposes, not only as a corrective against septic discharges, but also as a prophylactic. Where the patient is free from organic disease of the kidneys one has little need to fear untoward consequences from the treatment under consideration. I am aware of two cases of death from acute inflammation of the bowels following closely on the injection of very weak mercurial solutions into the vagina shortly after parturition. As in each instance no other cause of the fatal complication could be discovered, there is little doubt that the acute irritative lesions in the intestines were due to the perchloride in the course of its elimination. The action of the salt was concentrated, so to speak, in this particular region by reason of grave renal affection. In one of the two cases I made a very exhaustive post-mortem examination. The whole of the small and large intestine was acutely inflamed. There were thousands of hæmorrhagic patches, punctate and irregular in shape. There were a few minute recent ulcers. The catarrhal congestion was extreme. Lymph was effused into the substance and upon the surface of the mucous membrane. Slight general peritonitis seemed to have started at the middle of the colon, where the intestinal lesion was more marked than elsewhere. The stomach was not affected. The kidneys were in an advanced state of fatty degeneration. No aperients had been administered to the patient, but a solution of bichloride of mercury (1 in 2000) had been injected into the vagina to prevent decomposition of the lochia. Profuse diarrhœa ensued, and continued until death. The body temperature was never raised, and latterly it was subnormal. I was at a loss to account for the ultimate cause of the diarrhœa and its fatal consequences until the circumstances were explained to me by an obstetric physician who was present at the necropsy, and who had witnessed a precisely similar case in his own practice. The lesson to be learnt from the foregoing narrative is—that even a very attenuated solution of a mercurial salt should not be employed as a vaginal injection without first ascertaining the state of the kidneys by an examination of the urine.

ON SIMPLE DILATATION OF THE STOMACH, OR GASTROECTASIS.[1]

BY T. C. ALLBUTT, M.D. CANTAB., F.R.C.P. LOND., F.R.S.

MR. PRESIDENT AND GENTLEMEN,—When your honorary secretary, Dr. Samuel West, invited me to read a paper before the Medical Society, and enhanced this compliment by inviting me to read the first paper of this session, he tempted me with too great a temptation. I frankly admit that I grasped at the honour without duly considering whether I had anything to say which should justify my coming before you thus to occupy your time and attention. My first suggestion, a proposal to read some notes on pneumothorax, I withdrew in a panic as soon as I had read Dr. West's own most excellent essay thereon. My second proposal, which I fulfil by bringing the present paper before you to-night, seemed to be justified by my abundance of cases and notes of gastroectasis. These I have carefully gone over, and find, when it is too late to change my subject, that I have no conclusions to offer you which are not already known. May I hope that if I take you again over facts and doctrines previously known, I take you over a subject not too familiar.

In the course of practice I find that the diagnosis of simple gastroectasis is often overlooked; nay more, that when pointed out the malady is not readily recognised. Indeed, two or three years after I wrote my first paper on the subject in 1879, I was assured by a physician of great eminence that he had not before heard of gastroectasis as a primary malady, and having heard was indisposed to admit the existence of it. My own enlarged experience has, however, not only fortified me in the diagnosis of such cases and confirmed their reality, but has impressed me with their frequency. That which at one time I regarded as a special and unusual clinical phenomenon I now recognise as one of common observation; for gastroectasis, which, in its fully established form, is a prominent and unmistakable malady, enters in less degree into many modes of dyspepsia, debility, and tissue failures, and claims in its degree due recognition and treatment.

To clear the ground, permit me in the first instance to say that the limits of my subject to-night exclude all cases of secondary gastroectasis. Secondary gastroectasis as a result of pyloric obstruction of organic origin, whether cicatricial, invasive, or otherwise, I put on one side, and propose to speak only of simple ectasis due to the predominance of pressure upon the inner surface over the resistance of the walls of the stomach, such pressure not being accumulated by pyloric obstruction. Indeed, it is not necessary to suppose that in such predominance the sum of the pressure upon the internal surface of the stomach is absolutely increased. It is obvious that this predominance could be established if, that pressure remaining the same, the resistance of the walls were diminished. Doubtless you are prepared to hear me say that in the majority of cases of simple gastroectasis this morbid state is more often due to failure of resistance than to excessive pressure within. Two painful cases illustrating this position spring into my memory; they were brother and sister, and both were frail persons. In them also occurred that connexion between phthisis and acute rheumatism, upon which I have often insisted.

A young lady, having passed through rheumatic fever of a somewhat adynamic type, soon afterwards was attacked by acute tuberculosis. The family history was phthisical. Scarcely had the phthisis become very manifest when acute dilatation of the stomach set in, and her latter days were rendered grievous indeed by the suffering which this entailed. Not many months passed by when her brother, a slight young man of about twenty-six years of age, was seized with acute rheumatism. We suspected him of ulcerative endocarditis, so intractable and adynamic was the course of the disease. However, he slowly recovered. But no sooner had he entered upon convalescence than we discovered a large gastroectasis, which miserably delayed his recovery and sapped his nutrition and vitality. Ultimately, I believe, he has attained to some sort of health, but for two or three years the dilated stomach resisted all means of cure, and I have not seen the patient since. These two cases, among many others, illustrate, then, with more than ordinary clearness, the admitted occurrence of gastroectasis, due not to accumulated pressure, nor indeed to any absolute increase of pressure within, but to diminished resistance without.

These two cases were as easy to observe and to describe as they were difficult to treat, because they were extreme cases. That dilatation of the stomach from enfeebled tone occurs in a very large number of weakly persons, or as an item of suffering in a very large number of enfeebling maladies, is an assertion I venture to make from the results of much investigation and inquiry, but is nevertheless one which is as difficult to demonstrate to you now as the extreme cases are easy, because the degrees of it are far less, and because its symptoms have been hidden under generalities like atonic dyspepsia, nervous debility, and so forth. A watchful diagnosis will, however, detect this morbid change amid other signs and symptoms, and deal with it by special means; for it may be found under like conditions from the suckling to the adult, though less often in old age. In all fevers, whether adynamic in type or not, gastroectasis may occur, and often does occur. Where the temperatures run high for some time, it seems probable that even in robuster persons some reduction of the muscular value of the coats of the stomach would occur, and I am in the habit of observing the state of the stomach in the course of such maladies. Thus I often detect degrees of ectasis, be they more or less, and find it desirable to regulate the management of the cases accordingly. Of course, in the vast majority of them recovery takes place readily enough, whether the ectasis be detected or not. Weight at the epigastrium, a rejection of mucus, water, or wind, a retardation of amendment, a caprice or dulness of

[1] Paper read at the Medical Society of London, Oct. 17th.

appetite, a coated tongue, fretful or low spirits, and, above all, a slackening of flesh, direct us to the stomach, when percussion and palpation confirm the former suspicion. Happily, for other reasons, the dietary in such cases has generally been limited, and thus the labour of the stomach economised. In phthisis the existence of gastroectasis is far more common than is generally supposed. I ought to have taken statistics on this question, which would have been easy enough in chamber practice; as it is, I can only offer you the inconclusive proof of my own undefined experience, and ask you to watch the matter for yourselves. Two of my cases of phthisis treated in Switzerland, and another case treated on the sea, were terribly retarded by higher degrees of dilatation of the stomach. All these cases were otherwise of a very hopeful kind, and two of them have made fair recovery; the third died solely because of the gastroectasis, which thwarted all our efforts to advance his nutrition. In these cases I must say that I do not speak of advanced or prominent dilatation, but of a degree which can be detected by careful examination, and the symptoms of which are chiefly pain, impaired nutrition, and nervous depression. To such persons the dietary of seagoing vessels and of hotels is often very harmful, and their cry of dyspeptic suffering ascends without ceasing.

In infants and young children dilatation of the stomach is constantly overlooked, and I have nowhere seen a proper estimate of this complication of children's maladies.[2] In sucklings the affection is not confined to the hand-fed, but may be found in the breast-fed when the tone of the digestive machinery is lowered. In them abnormal decomposition of food readily sets in, as we too well know—one of the first functional changes being a retardation of the rate of digestion, and a retention of the food three or even four times as long in the stomach as it ought to be there. The epigastrium protrudes and tightens; the stools grow costive, pale, and offensive; the child becomes fretful, rejects sour mucus and altered food, and its flesh falls rapidly. By palpation and percussion a dilated stomach is often found to be present—not as a varying and transitory phenomenon, but as an enduring pathological change,—less difficult to cure than in older persons (for children soon grow out of their maladies), but bad enough to keep the child back for months.

In these and like cases, both in children and in adults, I am anxious to put this before you—that although the gastroectasis may be but one part of a more general malady, or may even be but a by-phenomenon, yet it is always a factor to be counted with, and one to be treated for itself. Catarrh of the stomach is often present, of course, at the same time, and may be a main cause, as it is always an aggravation, of ectasis; yet catarrh may exist (and very commonly does exist) without ectasis, and we ought in all cases to ascertain as far as possible the degree of both or of either. I urge this not only for the rational treatment of such cases on their appearance, but because the gastroectasis may survive the acuter stages and become later the substantial lesion. One very bad case of this kind was brought to me two years ago in a child of three to four years old, born in India, and whose vital powers and nutrition were much enfeebled. In it gastroectasis had presented itself as the main pathological factor. About the same time a boy of ten was brought to me in whom I discovered gastroectasis of the complete clinical type, with all Kussmaul's and Leube's symptoms, and needing persistent washing out. The history was obscure, but there was no definite history of primary catarrh, rather one of neglected ill-health and careless nutrition. In a far-gone case like this the prognosis is very grave, if not despairing; had the condition been recognised sooner recovery would have been certainly secured.

Besides febrile and exhausting diseases, there are other causes of gastroectasis from diminished resistance, the modes of some of them being clear enough, of others more obscure. The clearest of these is gastric catarrh, the tendency of which to weaken parietal resistance is too obvious to detain us. Less easy to explain, though not of the obscurest, are such causes as failing absorption, chronic venous congestion of the stomach, failing digestive secretions, and the like. When absorption fails, we understand that retention of ingesta and their gases, by increasing pressure, adds to the effect of simple yielding of the parietes. In heart disease and cirrhosis of the liver, for instance, when venous stasis increases on the walls of the stomach, defective absorption, with delay of fluid, semifluid and gaseous contents, is probably the main cause of the distension of the stomach, which is so troublesome a complication in these cases. In them, although distension be common, troublesome, and enduring enough, yet it rarely passes beyond the first or second degree, which seems to indicate that delayed contents and diminished absorption do not produce voluminous ectasis unless there be a conspiring muscular enfeeblement of the wall themselves. For we know that even in many cases of pyloric obstruction, and of considerable obstruction, the stomach may retain its normal volume or go not beyond a moderate degree of amplitude, and in these we find the muscular coat hypertrophied—hypertrophied sometimes to a measure which indicates an extraordinary sum of pressures upon the inner surface. But owing either to the nature of the patient, or to the course of the malady, which has given time for compensation, or to some causes less understood, the concentric tendencies have not been overpowered. In one case of stricture of the pylorus by scar of ulcer, even after repeated attacks of large, acute and most agonising gastroectasis, the stomach so pulled itself together that on a necropsy some months later the greatly overgrown muscular walls seemed to bound a cavity rather under than over the average volume. This process of retraction could be followed tolerably well during life, and, finally, the small striving sac visible through the emaciated abdomen declared beforehand the revelations of the post-mortem table. Pain and hæmorrhage had dictated a sparing and special dietary for a long time, and thus the acute distensions were prevented. But this by the way, to show what can come about. Of the obscurer causes of failing gastric wall are those classed as nervous. It is said that the stomach may be palsied, or lose much of its nervous life or stimulus, as the limbs may, either by its own isolated misfortune or sharing in a more general stroke. Of direct palsies of the stomach, lighter or heavier, I can tell you nothing; nor do I know much of those indirect submissions of its muscular power which may be explained by loss of innervation, and are thus inessential. We can remember, however, a very large class of cases in which general neurasthenia, or nervous weaknesses or distresses springing from the region of the digestive organs and thence invading and depressing the whole being, are associated with marked gastroectasis; but whether the nerve lesion or the lesion of the stomach be primary is one of those questions which I ought to have been able to justify myself by answering to-night, but which I cannot answer. Suffice it to point out the frequent, nay the common, connexion between gastroectasis and a large and fairly constant group of nervous symptoms and sensations, a group variously called hypochondriasis or hysteria according to its conditions. That under some strange gusts of nervous temper the stomach of a woman, or even of some men, may become distended like a balloon and yet soon collapse again, suffering no permanent injury, is amazing. In these pyloric incontinence probably prevents any permanent injury. The dilated stomach of a so-called hipped man is, however, a graver matter, for in him the organ is often found to be permanently enlarged, and its reduction a matter of difficulty or even impossibility. In some of these cases no doubt the stomach lesion came first and the general misery followed, but in others one strongly suspects that the stomach has yielded because of some defect of innervation more special to itself. The distressing epigastric sensations in these cases, the tenderness there, and the character of other symptoms tempt us to suspect an affection of the great abdominal nervous ganglia, but our knowledge of their functions and changes is far too rudimentary to justify any such speculations at present.

Thus far have I dealt most slightly with some causes of gastroectasis due to failure of normal resistance. But gastroectasis may be induced, no doubt, by excessive pressure upon the inner surfaces of the organ, even in cases where the pyloric opening is intact. Prolonged or immoderate irritation of the cavity, as by the habits of the common glutton, produces a certain and even a considerable amplitude of that organ. But in a robust and well-fed animal this enlargement is rather a development than a retrogression, and I have no definite recollection of such a case ending in a bad form of the disorder. That which brings gastroectasis to its graver and irremediable degree is a dietary at once bulky or coarse and innutritious. Bad cases of chronic gastroectasis not due to exhausting disease are chiefly found

[2] Vide Epstein, quoted below.

among the working classes, and in them the malady in its well-marked form is far from uncommon. Miners, engine drivers, piecework ers and the like, men generally of the most respectable and hardworking sort, too often find themselves before middle life with a large gastroectasis. These men have no regular meal hours, and, indeed, for many hours together have no leisure for a meal. If they have time to feed, the meal may consist of some coarse and indigestible stuff, washed down, it may be, with pints of tea. You would not believe me did I tell you the number and capacity of the cans of tea which these men may empty in a day. Thus, the stomach is not only overloaded, but is charged with a solution which in such quantity is directly mischievous to digestion and probably to the stomach itself. Flatulent dyspepsia, unnoticed at first, adds its inflation to the rest, the sufferer fails to und- and the evil of his ways, the stomach gets worse, nutrition then suffers and dilatation follows, this result being partly due to the local pressure, partly to irregular functional activity, and partly to general impoverishment of the blood, each factor intensifying the other. The abuse of aerated waters, again, in more than one case, seemed to be the cause of well-marked and obstinate gastroectasis; and I have had reason to think that a vegetarian diet has brought about the same result. I once discovered a gastroectasis of large dimensions in a middle-aged lady of the upper classes, who had consumed inordinate quantities of effervescing waters. She absolutely repelled the very notion of washing out, and she ultimately recovered on dietetic and medicinal treatment. In her, I believe, some atony of the *primæ viæ* existed, as she came in later years under my care for fæcal accumulation in the transverse colon. Dilatation of the stomach is, I think, much less common in women, perhaps because they eat less or eat more regularly; but in them exhausting discharges are a potent cause of the malady, and in them, as in the male sex also, neglected hæmorrhoidal losses may have this effect.

I will now venture to make a few remarks upon the *symptoms* of dilatation of the stomach. And first let me preach this precept urgently—that in all cases of dyspeptic troubles the stomach be carefully mapped out. Even if but temporary dilatation exist, it is important that it should be known and dealt with. A man once consulted me who was in the way of seeing many doctors in his regular engagements, and had been prescribed for by nearly as many with little result. He called upon me, and I found dilated stomach, probably of no long standing. I cut off fluids and flatulent food, and he made a rapid recovery, and remains well. But a dilated stomach may more certainly be suspected if a wearing, aching pain abide in the pit of the stomach, if there be foul or acid eructations and marked emaciation.

Vomiting is not invariable. Some people have not the knack of vomiting; in others the walls of the stomach may be too flaccid to aid in the rejection of its contents; in others, where the stomach is hypertrophied in its mucous and muscular coats, as in gorging eaters, absorption and peristalsis may be fairly good. In such cases physical signs must be sought for. In better-marked cases the vomiting is often thus characteristic—that the stomach rejects its contents, generally voluminous contents, as a pump ejects water; the refuse comes forth in a rushing stream, often without any nausea whatever, and often at tidal intervals, which may be very long, may be as long as two days, but generally are less than that. In such cases we always see a drawn face, a worn and pained expression, and an emaciating body. The patients complain of constant wearing pain about the waist, relieved by the vomiting.[3] The vomit may sometimes be mere catarrhal matter, phlegm and water, and is not then pathognomonic, but it is most commonly what we call in Yorkshire "swill"—i.e., a turbid sour liquid containing remnants of half-dissolved food in a state of active fermentation. It is usually dark in colour, and swarms with sarcinous and other low forms of life. Stir up the materials of a day's meals, add dirty water and catarrhal slime to it, set it aside at a temperature of 100° for a few hours, and thereafter froth it up with a stick, and you will have the foul vomit of gastroectasis. The stomach, like an incompetent urinary bladder, never really empties itself, however vigorous the vomiting, and the fetid remnant carries forward the process of decomposition to all that is swallowed. The physical signs of this state when so complete are clear enough. The emaciated abdominal wall; the sac beneath it, quite perceptible to the hand lightly stretched over the surface, and often to the eye; peristalsis also visible perhaps if the muscular coat be hypertrophied (this more commonly in pyloric obstruction);[4] splashing and percussion areas—all agree in declaring the diagnosis. I have seen on post-mortem examination the stomach dilated to the pubes. But all cases are not so easy. Sounds not to be well distinguished from splashing and succussion may be got in persons not known to have dilated stomachs; in neurotic subjects of borborygmatous tendencies this is not uncommon; but these in the latter are to be got only by kneading, never by shaking or swaying the body with the hands upon the crests of the ilia; the sounds, too, are got with more difficulty, and are not so marked. On the other hand, even in dilated stomach, splashing is often not aroused by the first manipulation, but when once aroused is loud enough, and easy to continue. In neurotic girls false splashing is often to be obtained by causing them to inspire deeply; indeed, I have seen this squashy sound associated with ordinary inspirations in such persons, and in these it will be noticed that the respiration is not so much thoracic as diaphragmatic.

Of percussion I will only remind the observer that the upper line, which in acute or early cases, before the whole stomach is dragged downward, may reach to the fourth or even to the third rib, is at least as important as the lower. If the lower line be below the umbilical, a dilated stomach may, I think, be certified. Whether the percussion sound be metallic, tympanitic, or even muffled, I think, is of no diagnostic value, so that it is often difficult to be sure from the quality of the sound whether we are tapping stomach or bowel. Tapping with a plexameter while the stethoscope is on the stomach is sometimes a help.

Another caution is this—that in certain cases of relaxed gastro-phrenic ligament the whole stomach may be displaced downwards; hence the importance of ascertaining the *upper* line. With all possible care, however, thus far dilatation may not be ascertained or may not be measurable. Hence we have to resort to other physical aids, of which the development of gas in the stomach by the ingestion of effervescing salines is the best known.[5] By this means the area may be mapped out, and as the gas passes away the line of fluid contents may also be mapped out. It must be remembered in the less severe cases that a *displacement* of the stomach *downwards* when filling betrays so far a *dilatation*, as the normal stomach in filling should rotate forward. Leube's sound is well known, and indicates the lower margin of the stomach, either by its perception through the abdominal walls or by its length from the teeth, which Penzoldt says should never be more than one-third of the height of the body. I have not verified this statement. All I can say is that the sound should never be felt below the umbilicus, and if a pint and a half of water (thirty ounces) be injected the dulness should not fall below that point. My judgment upon this sounding is that in thin subjects we rarely need it, and in fatter ones the point is indistinct. Even in these cases, however, if a ball bellows be affixed to a hollow sound a gurgling may be made in the stagnant contents and their site detected, or the viscus distended with air so far as to reveal its size and form. Thiébaut, in an excellent monograph (Paris, 1882), suggests that a plumb-line ending in a lead may be worked through a hollow sound. This I have not tried. Distending gases should be expressed from the stomach before the plummet or sound is used. The elimination of pyloric disease from the diagnosis must depend on other considerations, and must not now detain us. Nor need I detain you with any account of the pathological anatomy of gastroectasis, which is well known. The dimensions of the cavity are sometimes enormous. Blumenthal found the vomited matter alone in one case to weigh 16 lb. A common increase is to about four times the normal cubic contents—i.e., an increase up to about six quarts. Simple dilatations may be quite as extensive as a dilatation secondary to pyloric disease.

As regards treatment, I shall set aside all general and pharmaceutical means, and refer to three main special methods, which are—(1) to cleanse the stomach; (2) to prevent its distension by physical or chemical means; and (3) to combat the prevalent constipation. I must premise that dilatation of the stomach, when it has

[3] Dr. Fenwick, I think, rather underates this pain or distress (Quain's Dictionary).

[4] Peristalsis may sometimes be made visible by rapidly alternating warm and cold currents of water through the stomach by means of the syphon.

[5] Bicarbonate of soda, 6 gr.; tartaric acid, 4 gr.; to be drunk off at once with two tumblers of water.

reached a well-marked degree, is a most difficult disease to cure. The patient's condition may be made much more tolerable and his nutrition improved; some cases may be ultimately cured; but too often, after all, "prævalebunt fata consilia." The *constipation* tends to prevent both absorption and the free passage of intestinal contents. It is best overcome by portal purgatives, such as the laxative salines. As the stomach recovers tone the costiveness becomes less obstinate; I presume the bowels then receive more reflex stimulation. The dietary must be strictly limited to such foods as shall not, by bulk or by decomposition, distend the stomach. Meals must be small, if frequent, and must consist of flesh, fish or fowl, and the more digestible and finely divided fats. Dr. Fenwick even recommends cod-liver oil. Farinaceous foods cannot be wholly forbidden, but, owing to their tendency to gaseous decomposition, must be greatly restricted. I have always urged that the dietary should be as dry as possible, but I see Dr. Fenwick recommends liquid food. I am sure liquid should at any rate be restricted, and tea, beer, aerated waters and the like, forbidden. Small quantities of pure but diluted spirit are useful. Vegetables must be wholly replaced by a little lemon juice. Milk, I think, is often used too freely in these cases. As the peptic glands are often reduced or obliterated, artificial digestive means should not be forgotten. But all these precautionary means are useless if we drop our food into the foul puddle which the dilated stomach never wholly throws off. Dr. Fenwick, to whose great authority on these questions I am wont to defer, speaks with disappointment and mistrust of the only known means of cleansing the gastric receptacle—namely, Kussmaul's system of washing out. This troublesome and disgusting performance offends the more refined and sensitive class of patients, and in dealing with them the physician is too soon persuaded to lay aside or altogether to forbear the use of the stomach-pump. But gastroectasis is far more common in the less-refined and more roughly-fed members of society. They show less repugnance to the washing-out method, and in them, therefore, its excellent results become more evident. A thorough conviction of the essential value of this treatment in hospital and working-class patients strengthens me in insisting upon its use in all such sufferers. Some patients flatly decline to have anything to do with the process; but in others, less prejudiced, a little practice and use soon brings toleration. A few have thrown up the plan in disgust after a few trials, but so many continue it patiently, in spite of trouble and disgust, as to testify not only to the purifying powers of the method, but to the unspeakable relief which it brings to present distress. To deny the catheter to the palsied stomach seems to me as unreasonable, and in practice is as great a blunder, as to deny it to the palsied bladder. Yet, familiarly as the practice is now known in and around Leeds, I believe it is but little used in English practice generally. My own experience of washing out in dilatation of the stomach has been equalled, perhaps, by few living physicians, and I have never known any ill result from it. Among other cases I may refer especially to the many under our care in the Leeds Infirmary, which Dr. Jacob and Dr. Barr, now our colleagues, used during their term of residence so assiduously to wash out. I have never seen the cramps or tetany recorded in a few cases of washing out by Kussmaul himself, and again lately by Dujardin-Beaumetz;[6] but it requires, no doubt, great determination and patience to carry out the plan over the necessarily long duration of time required for permanent relief. In Virchow's *Jahres-Bericht* for 1883, Epstein is reported to have obtained great success in washing out the stomachs of dyspeptic infants under one year old. His experience extended over 286 cases, and is published in the *Arch. f. Kinderheilkunde* (Bd. iv., S. 325). He uses a No. 8-10 Nélaton's catheter, and warm water with a little benzoate of magnesia, and relieves catarrh, wasting dyspepsia, &c. As a means of diagnosis, I find that in purely nervous dyspepsia (so called) the stomach between meals contains no remnants of food, no fungi, no excess of hydrochloric acid and mucus, but from this starting-point one may begin to note all degrees of catarrh and ectasis. Plain warm water is, I fancy, all that is required for the ablution, though I generally suggest the addition of a little borax to the wash. In the beginning of treatment, when the contents of the stomach are bulky and lumpy, it is well to use the stomach-pump. It is said that the suction of this instrument may and does wound the mucous membrane. If so, I have never seen any harm from this, nor do I hear that harm resulted in the cases wherein wounds were said to have been made. With a large lateral opening in the tube and careful exhaustion there is practically no likelihood of harm. For subsequent treatment, when the stomach contents are clearer and less bulky, a syphon is simpler, and, moreover, if filled with a reservoir, can be used by the patient himself. The cistern must be placed just above the level of the head and attached to the flow-pipe, and an exit-pipe must be carried to a pail on the floor. By pinching the flow-pipe the patient can easily regulate the flow. As I have already hinted, the œsophageal tube should have a spacious oval opening on the side of it, a little away from the rounded tip. These tubes are foolishly made, as a rule, with the tip perforated by several finer holes. Such tubes block directly, and dishearten both doctor and patient. I have some very intelligent patients who have thus washed themselves out daily for a year or two or more, with unspeakable relief to their sufferings, rapid improvement of nutrition up to a certain point, and a slow recovery of the stomach itself. Other remedial means, such as the use of antiseptic and other drugs and of nutrient enemata, I have not time now to discuss. Of electricity, however, I must say this: that it has greatly disappointed my expectations in whatever mode or however applied. The external application of faradism and of massage to the abdomen are, nevertheless, well worth a trial; though I suspect they have only the value of general faradisation and general massage, or are worthless. A cushion pad, supported by a bandage, should always be worn, and Leube directs his patients to lie as much as possible, and that on the right side only.

[6] L'Union Médical, 1874.

A REPORT OF CASES (SURGICAL AND MEDICAL).

BY J. HARRIS JONES, L.R.C.P. EDIN., L.F.P.S. GLASG.

EXTRA-UTERINE PREGNANCY.

I SUPPOSE it is scarcely necessary to offer any apology for bringing the following case before the profession. The subject of extra-uterine pregnancy has always been one of great interest, and seldom does an opportunity offer itself to a practitioner to watch and treat a case of this kind with such good results as the subsequent history will disclose.

On the night of October 21st, 1885, I was hurriedly called to see M. E——, a married lady, aged about twenty-seven. Upon inquiry, I gathered from her that she had been married a little over six years, but had never been pregnant. Her menses, since their first appearance when she was fourteen, had always been irregular and painful. About two weeks previously to being seen she became "unwell," and, contrary to her usual habit, the flow had persisted ever since. She had been attending to her household duties all along, and had lately been unusually busy at dressmaking, which necessitated her using the sewing machine (a pedal movement one) for several hours daily. She had been compelled to go to bed and send for me in consequence of having been taken with a violent pain low down in the right iliac region. The pain was paroxysmal in character, and made her feel very faint and sick at the stomach. I carefully examined the painful region, but could detect nothing abnormal there save that deep pressure increased the pain. On examination per vaginam, it was noticed that the os and cervix uteri were unusually soft and flexible, but there was neither tenderness nor fulness discoverable in any part. A semi-sanguineous fluid was seen issuing from the wound. A subcutaneous injection of a quarter of a grain of morphia was administered, and turpentine stupes were ordered to be applied over the abdomen. Next morning I called again to see her, and found that she had slept many hours during the night. She was not, however, completely free from pain. Another injection of morphia (one-eighth of a grain) was given, and a mixture containing the oxalate of cerium was prescribed for the nausea. The thermometer in the axilla registered 99·5°. Under this treatment she rapidly improved, and in a few days was well enough to leave her bed, and I discontinued my visits. She was cautioned against taking

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undue exercise, and if the pain recurred she was requested to send for me immediately.

She remained in tolerably fair health until Nov. 17th, when I was again summoned to see her. I found her suffering in a precisely similar manner as before. Her face presented a very blanched appearance, and it was quite evident that she was suffering either from shock, produced by the severity of the pain, or that an internal hæmorrhage was occurring. No evidence of the existence of the latter could be satisfactorily diagnosed. She was treated as before, and advised to remain perfectly at rest in bed. Being of a very active temperament, I found it difficult to keep her quiet; but having explained the evil results that might arise from exercise, she reluctantly consented to remain in her bedroom. I visited her almost daily, and on each occasion carefully examined the painful "side," but nothing abnormal could be detected. The discharge from the vagina was diminishing, and by the 1st of December it had completely stopped. On the 4th of that month, upon percussing the iliac region a heavy dull sound was detected immediately above Poupart's ligament, and palpation revealed the presence of a growth there. Nothing, however, could be learnt from a vaginal examination. The fulness increased in area, and it was not many days before it had ascended a couple of inches above the point first noted. Indeed, after the second week of discovery the fulness became very apparent, and it was easy to recognise that the enlargement was daily becoming more pronounced. Her general health remained good, and, with the exception of nausea and an occasional attack of vomiting, she had little to complain of. I was in much doubt at this period as to the nature of the enlargement, hesitating between an hæmatocele and an extra-uterine pregnancy. I applied the stethoscope to the swelling daily after my first discovery of the growth, but no sound of any kind could be heard over it. On Jan. 15th, at my request, Dr. E. R. Mayer, of this city, saw the case with me, and after making an examination and taking into consideration the condition of the cervix uteri and the existence of a swelling in the iliac fossa, accompanied by nausea and cessation of menstruation, he was inclined to believe that the case might be one of extra-uterine pregnancy, and advised that electricity be tried; and should the swelling eventually prove to be due to a hæmatocele or an inflammatory effusion, the treatment would in either case be appropriate, and perhaps beneficial. Eight days after this consultation, I heard, for the first time, over the growth a distinct blowing murmur. It was not a sharp and an acute sound like that caused by the pulsation of a bloodvessel underlying a tumour, but a deliberate and diffused murmur very much resembling the placental bruit, which I had no doubt it was. Dr. Mayer saw the case with me on Jan. 27th. The blowing murmur was distintly heard by him. Neither of us after this had any doubt as to the patient's condition. Treatment by electricity was commenced, one electrode being introduced into the vagina and the other placed over the tumour. The operation lasted about ten minutes. I pursued this treatment daily, and before and after every *séance* made it a point to listen to the bruit with my stethoscope. I found that the sound was very much intensified after using the battery. After a fortnight's perseverance with this treatment, and finding no appreciable change in the growth, I was about despairing of its utility in extra-uterine pregnancy. The tumour, when electricity was first applied to it, had reached to within an inch of the umbilicus, and had just crossed over beyond the mesian line. The placental soúffle was much weaker on Feb. 17th, and was not increased after using the battery. On the 18th no sound of any kind could be heard over the tumour. The battery was not employed after the 17th. After this I contented myself with simply watching developments, hoping that the amniotic fluid would be absorbed, and the fœtus converted into a lithopædion. In this I was disappointed. In the course of a few days the growth appeared to be getting larger and its contents softer. The patient's health rapidly failed, profuse sweating set in, she became feverish and chilly alternately, and had a temperature of about 101°. I was satisfied that the contents of the sac were undergoing maceration, and that the patient was becoming septicæmic. A consultation was held with Dr. Mayer and Dr. G. H. Guthrie, and it was decided that the patient's only chance of recovery lay in the operation of laparotomy and the removal of the offending material. A uterine sound was inserted for about two inches into the womb. Much difficulty was experienced in passing the instrument, owing to the body of the womb having been pushed to the opposite side by the tumour. There was no fulness to be felt in any portion of the vaginal roof. The operation was performed on March 11th, twenty-two days after the death of the fœtus. Drs. Mayer, Guthrie, Davis, and Long very kindly assisted. Ether was used as an anæsthetic, and its administration was entrusted to Dr. Long.

Operation.—The abdomen was washed with a solution of carbolic acid, and I commenced the incision one inch below the umbilicus, and extended it downwards for about three inches and a half, directly in the median line. Considering the emaciated condition of the patient, there was a very thick layer of subcutaneous adipose tissue. After the recti muscles had been reached and separated, the tissues beneath were very much ecchymosed, and it was impossible to recognise any of the structures. The peritoneum, though not recognised as such, was greatly thickened. The sac was clearly exposed to view. It was of a chocolate-brown colour. An incision was made into its lower border and extended in an upward direction for about three inches. It was fully an inch in thickness at its base, but became quite thin towards the apex. Its cut edges were of a dark-brown colour, and looked very much like leather. The hand was introduced, and the placenta, which was on the surface and floating in fetid pus, was readily recognised by its peculiar granular feel. Its edge having been reached, the hand was pushed beyond it, and the fœtus (a male, measuring about ten inches) extracted. The placenta, being already completely separated from its attachments, was taken away immediately after. No portion of intestine was seen, and there was scarcely any hæmorrhage at any stage of the operation. It was feared that the adhesions to the inner surface of the abdominal parietes on the left side of the sac were not very secure, consequently the latter was secured by sutures to the corresponding wall of the abdominal incision. The sac was thoroughly cleansed with a weak solution of carbolic acid, and to prevent the enormous gaping of the wound, two stitches were inserted through the tissues of the abdominal wound and the sac. A glass drainage tube was introduced, and a thick layer of antiseptic cotton was placed over the wound and secured by a bandage.

The patient rapidly rallied from the operation. She vomited freely for several hours. A very spare allowance of iced champagne and milk was given for the first few days. The sac was syringed out night and morning. On the sixth day after the operation a fluid resembling bile was observed in the discharge from the wound, and on the following day white particles were seen mixed with it; these were evidently portions of curd. The bowels were moved spontaneously. It was now suspected that a communication existed between the intestines and the external wound. As the latter granulated from the bottom, a portion of intestine, presumably the jejunum, was lifted into view, and an opening was distinctly seen in it. The bowels continued to act very indifferently for many months, sometimes only once in two or three weeks; occasionally they would act weekly or semi-weekly. The discharge from the opening in the intestine was very great on some days; it was generally of a semi-liquid character, but never fæcal in odour. With this exception, my patient was doing nicely and rapidly gaining in weight. The temperature never exceeded 100° F. after the operation. The sac was rather slow in granulating, and it was fully seven months before the granulations reached to the level of the surrounding skin. The discharge from the intestine diminished *pari passu* with the filling up of the sac. When the abdominal wound had completely healed and cicatrised, there remained for several months a small fistula, which occasionally discharged a little fluid, just enough to slightly moisten the dressing placed over it. At present the patient is quite well, and weighs more than she ever did. Menstruation is regular and painless, and the contents of the bowels have been passing entirely *per vias naturales* for many months.

Remarks.—If this case had been left alone to nature, is it likely that labour would advance to full term, and thus give the attending surgeon an opportunity to deliver a living child by an abdominal incision? This is a question that has repeatedly suggested itself to me. It is of course difficult, and even impossible, to speculate upon the final result of a non-interfering or expectant plan of treatment. The probabilities are that the sac, which was very thin at its apex, would have certainly given way as its contents enlarged, and, judging from its appearance when seen

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during the operation, the rupture would undoubtedly soon occur into the bowels, stomach, or liver. Indeed, I think that the opening seen some days after the operation in the bowel was the result of a commencing erosion. When did conception occur? Was it tubal, ovarian, or abdominal? I think in all probability it was tubal, but that at a very early period the ovum made its escape intact into the peritoneal cavity, and there appropriated for its own use additional investments from the neighbouring tissues. Menstruation had always been very painful to the patient, and much soreness was felt in the right iliac region during her periods. It is therefore probable that a catarrhal affection of the right Fallopian tube existed, and that a denudation of its epithelium had occurred, accompanied, perhaps, by a dilatation or sacculation of the canal; or a stricture of the canal might have existed. Either of these conditions would favour the arrest of the ovum in its downward course to the womb. How did electricity destroy fœtal life in this case? Believing that the bruit heard over the tumour was caused by the circulation of blood in the centre of the placenta—i.e., in that portion where the umbilical cord is attached to it, and where the bloodvessels congregate to form the main trunks,—and observing that the murmur was always intensified after using the battery, I am inclined to think that death resulted from rupture of the over-distended bloodvessels of the placenta; in other words, that a form of placental apoplexy was induced by the current.

(To be concluded.)

CASE OF

TRAUMATIC TETANUS; RECOVERY.

BY JAMES MILNER, M.R.C.S.

CASES of the above, terminating in recovery, are sufficiently rare to merit placing on record when they do occur. I therefore venture to publish the notes of the following case:—

T. S.——, aged twenty-seven, a brickmaker's labourer, came to the surgery on June 28th, complaining of stiffness about the jaws and inability to open the mouth, together with stiffness of the right leg, and difficulty in flexing that leg upon the thigh. There was marked risus. Upon inquiry it was found that four days previously—i.e., on the 24th, he noticed that one of the nails of his boot had penetrated the sole and wounded the pulp of the right great toe. The punctured wound which resulted had almost healed, but the parts around were somewhat sensitive. Tetanus was diagnosed, and bromide of potassium in fifteen-grain doses every four hours was prescribed.

On the following morning he again presented himself, stating that the stiffness about the jaws had increased, as also had the difficulty in opening the mouth. Moreover, he complained of stiffness about the back of the neck, with shooting pains down the back. He was ordered to remain in bed, and thirty grains of chloral hydrate were given; the bromide of potassium to be continued as before. Liquid nourishment only could be given, as with the greatest effort the mouth could only be opened sufficiently to allow of an ordinary cedar pencil being inserted between the two rows of incisor teeth. A wooden wedge was secured between the teeth, so as to prevent the jaws closing still further. Seen later, there was found to be marked opisthotonos, the spasms being attended by considerable pain. Chloral hydrate in forty-grain doses was ordered every night, and thirty grains every morning, and the bromide of potassium to be continued as before. The treatment above mentioned was followed out for a week, and every care was taken to remove all sources of irritation to the over-sensitive patient. The room was darkened and kept as quiet as could be, a screen was placed round the bed so as to exclude currents of air, and every other precaution which suggested itself was strictly observed. The case, however, continued to progress unfavourably, and the patient was becoming exhausted.

It was now evident that the treatment was almost powerless to control the disease; consequently it was decided to have recourse to surgical interference. Accordingly, on July 6th, a deep incision was made in the toe, around the cicatrix and about a third of an inch from it, so as to divide the nerves leading to the cicatrix as far as possible. Linseed poultices were then ordered to be applied to the toe. On the following day, the spasms were found to be decidedly less in severity and frequency, and day by day they continued steadily to decline, with the exception of one occasion about a fortnight after the incision, when an attempt was made to leave off the chloral hydrate by omitting the morning draught. On this day the spasms were more severe than they had been for some days previously. It was therefore evident that the reflex excitability of the cord was still much above normal, consequently the chloral was recommenced. At this time the patient was troubled by a somewhat violent hiccough, which continued, with very short intervals between the attacks, for some forty-eight hours. After this a steady recovery ensued, and seven weeks from the commencement of the disease the doses of chloral hydrate were gradually diminished, and a week later it was entirely left off, a full week having elapsed since the appearance of the most trifling spasm. The bromide of potassium was continued for another three weeks, during which time out-door exercise was allowed.

With regard to this case, although I do not think the incision alone would have been sufficient to complete the cure, as the spasms increased when, during the course of the disease, an attempt was made to discontinue the medicinal treatment, still I do think that without the incision death must inevitably have ensued, seeing that the bromide and large doses of chloral hydrate seemed absolutely powerless to check the excessive reflex excitability of the cord, whilst the source of peripheral irritation remained.

Hayes, Middlesex.

COMMUNICATION OF SYPHILIS BY TATTOOING.

BY GRENVILLE E. MOFFET, M.B. ABERD.,
SURGEON, ARMY MEDICAL STAFF.

THE extreme rarity of this mode of communicating syphilis induces me to publish the following cases. The subject, apart from its etiological bearing, will, I think, have a special interest for military and naval surgeons, when we consider that at least nine-tenths of our soldiers and sailors voluntarily submit themselves to the operation of tattooing.

Case I.—C. M——, a gunner, R.A., aged twenty-one years, was admitted into hospital on Aug. 31st, 1885, with an ulcer over a tattoo mark on the anterior aspect of the left forearm, two inches below the elbow. The ulcer was about the size of a shilling, very painful, with indurated edges and base; it was surrounded with a circumscribed areola of inflammation, and its surface was covered with a scanty puriform exudation. The axillary epitrochlear and sub-occipital glands were indurated, and there was a specific roseolar rash over the chest, back, and arms, accompanied with sore throat.

Previous history.—Patient was tattooed at the end of December, 1884. About the end of March, 1885, he noticed "a small hard pimple" over the site indicated. Beyond being a little itchy this gave him no further trouble, and he thought no more about it. Two months before admission the patient scratched the pimple, and thus converted it into a "sore," which, under his own treatment, gradually increased in size, became very painful, and presented, on admission, the appearances described above. About a week before admission the patient noticed a rash on his body, and felt his throat sore. This man's "medical history sheet" (a document which accompanies every soldier throughout his service) showed two previous admissions for venereal disease (February and April, 1883), but, according to the notes made by the surgeon who treated the patient on both these occasions, the sores were local, soft, and unaccompanied with general induration of glands; but a suppurating bubo followed the first infection. The treatment was also local, and the patient was discharged from hospital after a residence of forty-one and fourteen days respectively.

On the present occasion the treatment consisted in the local application of black wash, and subsequently iodoform, and the internal administration of mercury. The sore healed in about three weeks, leaving a depressed, copper-coloured cicatrix. The rash and throat symptoms had also quite disappeared by this time. The mercury was, however, continued (ten-drop doses of the tincture of perchloride of iron being also given three times a day), till the patient was discharged from hospital on Oct. 3rd.

CASE 2.—Trumpeter J. G——, aged fifteen years, was admitted into hospital on Sept. 17th, 1885, with an ulcer the size of a sixpence over a tattoo mark on the anterior aspect of right forearm. The ulcer resembled so nearly that described in Case 1 that any detailed description would be merely a recapitulation of what has already been said above. The boy also had a sore throat, and his trunk and extremities were covered with a distinctly papular syphilide, which he only noticed about ten days before admission.

Previous history.—This boy was tattooed in Londonderry by a soldier, on Oct. 12th, 1884, with needles which a few hours previously had been used on other soldiers for the same purpose. His medical history sheet shows no previous admission to hospital. The boy was only twelve years old when he enlisted, so that he could scarcely have acquired syphilis before enlistment. There was no history of syphilis, and careful examination of the penis revealed no marks of sores. In December, 1884, the patient noticed "a small hard lump" over the site indicated, but as it gave him no trouble, he took no notice of it till about six weeks before admission, when it became larger, more painful, and a watery discharge exuded from it, causing a scab to form over its surface. The boy removed the scab as it formed, and dressed the sore with some "salve" which he got from a local chemist, but finding that it got worse every day, he came to the hospital. The treatment was similar to that pursued in Case 1. The ulcer had healed in a fortnight, and the patient was discharged on Oct. 12th, by which time the rash and sore throat had quite disappeared. On Dec. 17th he was readmitted, the rash and sore throat having returned, but under specific treatment both disappeared, and the patient was discharged after a residence of ten days in hospital, with an injunction to return as soon as the rash reappeared, or he felt his throat sore.

CASE 3.—Gunner W. C——, aged twenty-seven, was admitted to hospital on Sept. 25th, 1885, with an ulcer over a tattoo mark below the insertion of the right deltoid muscle. It was about the size of a sixpence, painful, and its surface was covered with a foul-looking slough; its base and edges were not so indurated as in the last two cases, but there was an area of induration in the cellular tissue immediately surrounding it. The axillary and epitrochlear glands were enlarged and indurated.

Previous history.—Patient was in hospital in Dec. 1883, at which time he had three sores on the prepuce followed by a suppurating bubo. The sores were treated locally, the bubo opened, and the patient discharged in twenty-four days. He has not been in hospital since till the present admission. This man was tattooed in January, 1885. The following April he noticed a small hard pimple over the spot, the history of which was very much the same as that of Case 2. It gradually got larger, and became so painful, that he was obliged at last to come to the hospital.

The slough was first removed by poultices, after which the local and general treatment was the same as that detailed in Case 1. The ulcer had healed by Oct. 19th; on the 28th a roseolar rash, preceded by slight febrile disturbance and sore throat, appeared on the trunk and arms. Mercury was discontinued, a saline purgative and warm bath ordered. Two days afterwards calomel baths were begun, and continued every second night till the rash had quite disappeared. The tincture of perchloride of iron was given at the same time, and continued till the patient's discharge from hospital on Dec. 28th.

Remarks.—The only reference to this subject that I have been able to find is in Lancereaux's treatise, where that eminent authority merely alludes to the possibility of communication in this way, and refers to a paper by Petry of Vienna on the Transmission of Secondary Syphilis by Tattooing. There seems little doubt that the disease in the above cases was conveyed during the operation of tattooing through the medium of needles which had been previously used on other soldiers affected with syphilis. The history of Case 2 seems quite clear, but that of Cases 1 and 3 is not, at first sight so evident, owing to the previous admissions for venereal disease. The surgeons who treated the patients at the time state the disease to have been local. In both, the sores were without induration, multiple, followed by suppurating buboes, and, though treated without mercury, were not followed by any secondary symptoms during two years or more after infection. Both men, however, after being tattooed presented, within a given time, all the local signs of syphilis, followed in each case, about five months (?) after the development of the papule, by well-marked secondary symptoms. I think, therefore, that everything is in favour of the view that the disease was communicated by the operation.

There is one point which calls for notice in these cases—viz., the periods of incubation, which seem to have been of rather longer duration than usual. The secondary symptoms also were of a very mild type, and Lancereaux says that "the longer the period of incubation is, the milder are the manifestations of the general infection." It is, however, on the testimony of the patients as to the first appearance of the papules that the determination of the period of incubation hangs, and none of them could give any precise information on this point. Bearing this in mind, and also the possibility of the presence of induration at the points of inoculation *before* it had attracted any notice on the part of the men, I am inclined to believe that the periods of incubation were not prolonged in any of the cases, but rather that the mildness of the general infection was due to the communication of the disease from a secondary lesion, and probably in some degree dependent on the modes of infection.

Gibraltar.

A CASE OF

ACUTE PNEUMONIA IN AN ALCOHOLIC PATIENT IN WHICH THE DELIRIUM OCCURRED CHIEFLY AFTER THE CRISIS.

BY WALTER H. HAW, B.A., M.R.C.S., L.S.A.

A. B——, aged forty-seven, married, a labourer, came into the surgery on the evening of June 3rd, 1887, with the following history. On the evening of May 31st he was exposed to the wet for several hours. On arriving home he went to bed, feeling perfectly well. The next morning, on rising, he had a shivering fit, but did not discontinue his work, in spite of a pricking pain in the region of the right nipple. The next day (June 2nd) the shivering fit was repeated, and lasted for a considerable time; the thoracic pain still continued. On June 3rd he had a third rigor. In the evening of this day he walked briskly into the surgery, but on standing he appeared rather shaky. A history of alcohol was elicited later from his wife, the patient repudiating the idea.

The following are the notes of the man's condition taken at the time:—There is a double patch of herpes about his mouth; one on the right side of the upper lip, and the other in a corresponding position on the lower. Digestive system: Tongue slightly furred, but moist; teeth greatly discoloured; appetite bad; no nausea or vomiting; bowels regular. Vascular system: First sound muffled, second accentuated at the base; no enlargement; no murmur; pulse 120, full, bounding, and compressible; visible pulsation in the arteries of the neck and arms. Respiratory system: Breathing slightly hurried, the inspiratory act not being fully performed. There is cough, with slight frothy expectoration, not rusty, and pain referred to a point one inch below the right nipple. On examination of the chest, nothing abnormal was detected by inspection and the other usual methods, except slight increase in frequency of respiration, and short inspiration. Abdomen normal. Urine febrile, depositing lithates; no albumen. Cutaneous system: Skin dry and hot, but the face is perspiring freely. Temperature 104° F., but the patient says he feels no inconvenience.

The patient was ordered to bed and put on a strictly supporting treatment.

June 4th.—Patient found sitting in front of the fire downstairs. No further rigors. Sleeps and takes food well, and is anxious to get back to work. Temperature 104°; pulse 120; respiration slightly hurried. Bowels acted twice.—5th: Still shaky, but pain in side better. Slept well. Herpes disappearing. No delirium at night. Temperature 105°; pulse 120. Skin of body dry; face moist. Ordered ten grains of sulphate of quinine, to be repeated in four hours.—6th: Slept well. He says that yesterday he dressed himself and went downstairs without any reason. Temperature 104·5°; pulse 132, not so bounding; respiration 22; pulse respiration ratio 6:1. Distinct pneumonic signs are now apparent below the right clavicle, with fine crepitation at the end of inspiration. The consolidation is chiefly in the

anterior part of the right apex. Lungs apparently normal elsewhere, and the pain in the region of the nipple has disappeared. He says he feels better.—7th: Looks worse; is lightheaded and wandering. Temperature 104·4°; respiration 24; pulse 124; ratio 5:1 nearly. He is quite rational when spoken to, and says he sleeps and takes his nourishment well. Auscultatory signs slightly more distinct.—8th: Looks better. Temperature 102·6°; pulse 114; respiration 24. Lightheadedness more marked, and patient answers at random. Signs at apex clearer. Dulness very marked, and the crepitation less, but tubular breathing is more apparent. Nourishment &c. taken well.—9th: Appears better. Temperature not taken, my thermometer having unfortunately been broken; respiration easy; pulse slightly above normal. Mental condition that of delirium tremens.—10th: Mental state worse, but no sedative was ordered as yet. Temperature and respiration normal.—11th: Mental condition accentuated. Patient was found seated in the doorway, and on being questioned as to the reason, he explained that it was the nearest way back to bed. He also measures the articles of furniture in the room, and is suffering from muscular tremors. Tongue moist and slightly furred. A sedative draught of chloral and bromide was ordered every four hours. Temperature and respiration normal, as also pulse.—13th: After the second dose of sedative mixture a sound sleep was obtained. Looks better, and is quieter. Speaks rationally. The dulness below the clavicle is not so marked, but the crepitation is still distinct, and the vocal resonance is increased. Temperature &c. normal.—24th: Since the above note the progress of the case was uniform, both as regards the mental and the lung condition, and the man is now quite well.

Remarks.—There are, I think, one or two points of interest in this case. 1. The lung lesion was situated in the anterior part of the right apex. This occurs rather frequently in patients who have become debilitated from any cause, and especially in those whose tissues are damaged by alcohol. 2. There were three distinct rigors on successive days. This is, I believe, uncommon in the invasion of acute pneumonia, there being usually, as is well known, one sharp initial rigor, except in the case of children and old people, when this symptom may be, and is usually, absent. The crop of herpetic eruption bore no proportion to the severity of the rigors. 3. The high temperature (104°), with no particular subjective symptoms. 4. It is interesting to note that the mental change and the lung lesion were simultaneous in their appearance on the sixth day of the fever, and seemed afterwards to progress almost *pari passu*, each commencing just before the crisis, continuing for some time, and then gradually disappearing, the delirium being the first to vanish, but probably the sedative given effected this. I think the appearance of the lung lesion directly determined the onset of the delirium, the patient being a robust man, and, in spite of his alcoholic indulgence, being able to withstand the effects of the fever to a certain extent. Thus the pulmonary lesion proved the last straw, and helped to prolong the delirium into the period after the crisis.

Wednesbury.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. THOMAS'S HOSPITAL.

ACUTE PERITONITIS FROM PERFORATION OF AN ULCER OF THE GALL-BLADDER; NECROPSY.—INTESTINAL OBSTRUCTION CAUSED BY STRANGULATION OF A DIAPHRAGMATIC HERNIA; NECROPSY.

(Under the care of Dr. ORD.)

ULCERATION of the gall-bladder leading to perforation and a fatal peritonitis is not of common occurrence, and in the following account there are several points worthy of notice. Although gall-stones may be met with at any age, they are rare at twenty-three (out of 395 cases collected by Hein only fifteen were below the age of twenty-five). It will be observed that the perforation was not preceded by any symptoms of the presence of a stone in the gall-bladder; this, however, was the probable cause for the ulceration, though in the majority of published cases there was more than *one* stone. The patient was difficult to control, but was improving under judicious treatment with perfect rest, until the sudden movement which she made on the 26th, when the weak adhesions were probably broken down, giving further exit to the bile, thus starting the acute general inflammation of the peritoneum which terminated fatally on the 28th. The patient with diaphragmatic hernia was in such a condition of collapse on admission that no operative measure was permissible, although such was discussed. There was no history of injury, neither was there history of attacks of gastro-intestinal disturbance as described in some cases; the symptoms developed suddenly and without warning. In this case there was no regular sac to the hernia, and omentum as well as large intestine had passed through an opening of small size. For the notes of the case we are indebted to Mr. H. J. Macevoy, house physician.

CASE 1. *Acute peritonitis from perforation of an ulcer of the gall-bladder; necropsy.*—E. B——, aged twenty-three, single, general servant, was admitted on June 21st, 1887. Family history good. The patient had rheumatic fever eight months ago; had pleurisy in April, 1887, and was treated at Guy's for a month. She states that she went to bed after a late supper, feeling perfectly well, on the evening of June 17th, and was suddenly attacked with severe abdominal pain, increased by movement and pressure. She also vomited almost at once, the first vomit being "dark," the next green. The pain and vomiting have continued up to admission. Bowels well opened on the 17th, not since. There was blood in the urine on the morning of admission, but the patient is menstruating.

On admission, at 7.30 P.M., she appeared to be a healthy, well-nourished girl, with an anxious and painful expression, complaining of abdominal pain and tenderness, and vomiting. Skin cold and clammy about hands and feet; forehead cool and perspiring slightly. Pulse 120, hard and regular. Respirations hurried and shallow. Tongue moist, and coated with thin brown fur. Temperature 99°. Lungs normal. There was a faint systolic bruit at the base of the heart. Abdomen with moderate uniform distension, and moving only slightly with respiration; generally tender (not acutely), especially on the right side; percussion note tympanitic, with the exception of some dulness in both flanks; no thrill; no obvious peristalsis; no tumour felt. Urine: Only a little passed; sp. gr. 1022, acid, one-fifth albumen. A quarter of a grain of morphia every two hours was ordered, and glycerine and belladonna applied to the abdomen.—12.30 midnight: Patient was sick almost constantly up to 10.30 P.M. Less tenderness of abdomen. Pulse 132, tense. Pupils slightly contracted. Ice given to suck. The morphia was increased to one-third of a grain every two hours.

June 22nd.—2 A.M.: No hiccough; no sickness. Flatulence. Rather more restless, and craving for drink.—11 A.M.: Sick three times since 2 o'clock; vomit dark green. Tongue moist; little brown fur. Complains of headache. Pulse 120, full and regular. Temperature 100·6°. Light palpation of the abdomen easily borne. Nutrient enemata given and retained. Nothing by mouth but ice to suck.

23rd.—No vomiting. Tongue moist. Pulse 120. Temperature 102·4°. Urine: Albumen one-half; indigo; no blood. To take one-third of a grain of morphia every three hours only.

24th.—No vomiting. Abdomen: Resonance less tympanitic; moves a little more with respiration; only slight tenderness on right side; none elsewhere. Pulse 132; temperature 102·6°. Tongue rather dry. Increase of albumen in the urine. To have morphia every four hours only; a teaspoonful of milk and a teaspoonful of brandy every quarter of an hour.

25th.—No vomiting. Abdomen not tender, and little less distended; no peristalsis. General appearance improved. Pulse 132. Tongue moister.

26th.—After improving a little during the day the patient was taken suddenly worse at 7 P.M., after swallowing two ounces of milk which she took off her locker. She vomited about two teaspoonfuls of dark-green fluid with coagulated milk, became excited, and struggled in bed. Temperature 102·8°. Ordered one-third of a grain of morphia every two hours instead of every four hours. Pulse 160, difficult to count, weak and thready.

27th.—Slept badly. Delirious. Subsultus in hands. Abdomen not altered. Temperature 102·2°. Pulse can scarcely be felt. Tongue moist. Urine half albumen.

After this she became more and more restless and delirious, and struggled and shrieked, her delirium taking a maniacal form. She died at 4 A.M. on June 28th.

Necropsy.—On opening the abdominal cavity, several pints of fluid were found in it, stained with bile, light brown in colour, and without fæcal odour. The coils of intestine were glued together, covered with patches of thick fibrin, and much congested. No ulceration or perforation of intestines. The liver was noticed to be attached by recent inflammatory products to the colon, but nothing further could be found until the liver was removed. The gall-bladder was found to be collapsed, and a diverticulum projected from it on the left. On opening it, a black, round, mulberry-surfaced gall-stone, about the size of a large pea, was found in it, freely movable. The upper part of the gall-bladder, where it rested on the under surface of the liver, was the seat of an ulcer with sharp edges, evidently chronic. It was adherent to the liver, and the wall of the bladder appeared to have been destroyed. At one place the adhesions had given way, and an orifice into which the blade of the scalpel might be passed was present, which had evidently given exit to the contents of the gall-bladder. No gall-stone was found free in the peritoneum. The other organs were healthy.

CASE 2. *Intestinal obstruction caused by strangulation of a diaphragmatic hernia; necropsy.*—J. W——, aged thirty-seven, coachman, was admitted on July 7th. 1887. Family history good. The man had been a hard drinker. Has enjoyed good health. Bowels generally regular. He was suddenly seized while lying on the grass on July 1st with severe twisting pain in the abdomen, which caused him to roll about; he vomited repeatedly on the next day, the vomit becoming gradually offensive. The pain has been more or less present up to admission, but the vomiting is less, and not constant after food. Bowels were opened well and naturally on the 1st, then a few scybala were passed on the 6th. Flatus was expelled, however, in the meanwhile.

On admission at 3 A.M. he was noticed to be a robust man, fully conscious and answering questions rationally, but intensely collapsed. Breathing rapid and shallow; forehead and extremities bathed with cold sweat; hands and feet icy cold; face and lips livid. Tongue moist, and covered with thin dirty-white fur. Breath of a peculiar sweet and sickly odour. Temperature 98; pulse 120, weak. Abdomen much distended, especially in its right and upper parts, and perfectly motionless during respiration. Slight dulness in the right flank, but general over-resonance, notably in the left iliac fossa and left hypochondrium. No peristalsis visible; no marked tenderness. Ordered a quarter of a grain of morphia hypodermically every two hours, and a teaspoonful of milk by the mouth frequently.—11 A.M.: The patient vomited some dark-brown fluid, not stercoraceous or particularly offensive, at 8 o'clock. He complains of abdominal pain, but there is no tenderness. Still signs of collapse. Urine: Sp. gr. 1020; acid; trace of albumen. Temperature 101·8°.—1.30 P.M.: A little brown liquid passed per anum, containing some mucus; pain and straining while at stool. After this delirium gradually came on, assuming the form of alcoholic delirium; he became violent, had a fit of convulsions at about 4 P.M., and died shortly afterwards.

Necropsy.—On opening the abdomen, which was greatly distended, no peritonitis was found; but there was enormous distension of the transverse and ascending colon and cæcum, and the bowel in these regions was of a purple colour. The descending colon was collapsed, pointing clearly to an obstruction at the splenic flexure of the colon. The small intestines were of moderate size, and likewise the stomach, which was pushed out of sight by the distended colon. The obstruction was found to be due to the passage of a knuckle of colon with a large mass of omentum through a hole in the centre of the left half of the diaphragm, and to its becoming strangulated. The orifice in the diaphragm appeared very small, and, judging by the character of the adhesions of the gut to it, which were not recent, one would conclude that the hernia had been in existence some time. There was some inflammation of the solitary glands in the large intestine behind the obstruction, but no ulceration. The lower part of the left pleura was acutely inflamed, and much lymph covered the lower lobe of the left lung. From half a pint to a pint of fluid was found in the left pleural cavity. The lower lobe of the left lung was collapsed. Heart, liver, brain, and kidneys healthy. There was no evidence of fractured ribs or other injury which could account for the orifice in the diaphragm.

EDINBURGH ROYAL INFIRMARY.

FOUR RARE FORMS OF DISLOCATION.

(Under the care of Mr. A. G. MILLER.)

THE following are notes of some of the more interesting dislocations which were under treatment when Mr. George Hardyman, M.B., C.M., was resident surgeon, and we are indebted to him for the account.

CASE 1.—P. L——, aged nineteen, a soldier, fell from the Argyle Battery of Edinburgh Castle into Prince's-street Gardens, a distance of about 150 feet, on June 1st, 1887. The tibia and fibula of the left leg were severely comminuted, but there was no compound fracture. There was a dislocation of the right knee. The right tibia and fibula were dislocated outwards, so that the external condyle of the femur rested on the internal facet of the tibia. The internal condyle of the femur was very prominent and easily felt, extending freely beyond the internal ridge of the tibia. The external lateral ligaments were apparently entirely ruptured, while about one-third of the internal lateral ligaments was left unruptured. The dislocation was reduced under chloroform by extension and manipulation with the thumb. The leg was then put up in extension with a weight and pulley. There was great effusion into the joint, which was reduced by means of ice followed by pressure. On June 26th, a posterior and an internal poroplastic splint were put on, and on July 9th the knee was put up in starch. On Aug. 10th, three weeks after he had left the hospital, he was going about without any artificial support, except a starch bandage over the knee.

CASE 2.—A. B——, aged twelve, fell from a height of about two feet forwards on his head. When seen, there was found on the dorsum of the radio-carpal region a prominent well-defined swelling, which on inspection gave the impression that there was a fracture of the lower end of the radius. However, on manipulation the rounded, well-defined ridge caused by the proximal extremities of the carpal bones could be made out. This was easily reduced by extension, and after reduction there was discovered a green-stick fracture of the radius as well. The tendons on the palmar aspect were not ruptured, as happened in another case which has since been brought under notice by Dr. H. A. Thompson. The after treatment gave no trouble.

CASE 3.—A middle-aged man was admitted on Aug. 27th, 1887. He was then cold and unconscious, breathing heavily, with the pupils unequal, one pin's point, and insensible to light. He could be roused with difficulty by a painful sensation sufficiently to utter a grunt. He lived eight hours after admission. He was supposed to have fallen about seventy feet from Arthur's Seat, and to have remained where he fell for some hours, as he was quite wet from rain which had fallen some hours previously. He had what appeared exactly like a fractured humerus at the junction of its upper and middle thirds, but on manipulation it was found that there was a subspinous dislocation. What had appeared to be a doubling up of the humerus was due to the pulling up and back of the humerus, and to the prominence of the contracted deltoid muscle. The humerus lay almost at right angles to the body, the elbow being greatly displaced outwards. The head of the humerus lay on the dorsum of the scapula just below the middle of the spine. Mr. Miller, who saw it, tried to reduce it by the ordinary method—viz., manipulating the head into the subglenoid position, and then up into the glenoid cavity. This failed, so he put his heel into the axilla, and, using it as a fulcrum, with scarcely any force at all elevated the head of the humerus directly forwards, when it easily slipped into position and remained there. On post-mortem examination there was found to be considerable cerebral hæmorrhage, causing death. On reflecting the skin from the right shoulder, there was a considerable quantity of extravasated blood in the cellular tissue of the shoulder, and between the skin and the deltoid muscle, and below the posterior part of the deltoid. The greater part of the long head of the triceps was torn from the scapula, the tendon being intact. The supra-spinatus and infra-spinatus were torn from the greater tuberosity. The tendinous portion of the teres minor was still attached to the greater tuberosity, while the fibres of

its lower muscular part of attachment were torn. The subscapularis was completely torn from the lesser tuberosity. The whole of the capsular ligament was torn from the humerus, and remained attached to the glenoid cavity. The long head of the biceps was torn out of the bicipital groove. There was no extravasation of blood into the pectoral muscles, but there was some under them in the axillary region. When the shoulder was dissected from the trunk, it was easy to demonstrate why the ordinary subglenoid method of reduction was impossible. The head of the humerus had been dislocated directly backwards and *above* the teres minor muscle, so that when the head was manipulated towards the subglenoid position the teres minor tendon became a band stretching round the neck of the humerus and completely barring its course. The coraco-brachialis was put on the stretch, and, had the teres minor given way, would have become also a band round the neck of the humerus, which would tend to prevent its reduction in a similar manner. The specimen, which Mr. Hardyman dissected for Mr. A. G. Miller, has been presented by him to the Royal College of Surgeons' Museum, Edinburgh.

CASE 4.—On Sept. 28th, M. L——, about seven years of age, came complaining that a vehicle had run over her foot. On examination a mark of bruising was visible on the back of the leg, midway between the lower end of the calf and the ankle joint, the foot having been doubled on itself in an antero-posterior direction. There was also on the dorsum of the foot, in the metatarso-tarsal region, two swellings in the region of that joint. This was not a bruise, and on examination proved to be a dislocation of the first, third, and fourth metatarsals on to the dorsum of the foot. The facets were easily distinguishable. The second and fifth metatarsals were not dislocated; dislocation of the second from its peculiarly strong position would almost seem to be impossible. The third metatarsal bone was inclined also abnormally outwards. There was no crepitus. Mr. Hardyman took a cast of the foot, which shows the features very well. The dislocation was reduced under chloroform, each metatarsal separately, by means of pressure with the thumb downwards with extension, without difficulty. The fourth metatarsal, however, required pressure to keep it in position.

CIVIL HOSPITAL, ADEN.

TWO CASES OF PERFORATING WOUND OF THE ABDOMEN, WITH PROTRUSION OF INTESTINE; RECOVERY. URINARY FISTULA; OPERATION; RELIEF.

(Under the care of Surgeon-Major E. COLSON.)

CASE 1. *Penetrating wound of abdomen, with wound of diaphragm and protrusion of intestine and omentum; recovery.*—Hydra A——, Arab, was admitted on June 10th, 1887. He had first of all killed his concubine, and then stabbed himself in the abdomen with a jambier (a crooked Arab dagger). He was brought a distance of six miles to the hospital. On admission there was a wound of about two inches in length in the left hypochondriac region, which had penetrated the abdomen and also extended into the muscular attachments of the diaphragm, and from which about six inches of intestine with omentum protruded. The wound was enlarged downwards, and the intestines in the neighbourhood carefully inspected. They were found to be unwounded, and the abdominal cavity was carefully washed out with carbolic lotion, the mass returned, and the wound fastened with deep sutures and dressed with iodoform. The man made an excellent recovery, although convalescence was somewhat retarded, owing to suppuration occurring in the wound itself, but which evidently had no connexion with the abdominal cavity. He was discharged on July 16th, 1887, for his trial, when he was sentenced to death.

Remarks by Mr. COLSON.—He again came under my care, but this time in my capacity as superintendent of the gaol, in which it was my unhappy duty, having saved his life, to make the necessary arrangements for taking it on the gallows.

CASE 2. *Lacerated and penetrating wound of abdomen; protrusion of intestine and omentum; removal of foreign bodies; recovery*—Hasir S——, Arab, aged fourteen years, was admitted into the Civil Hospital on Aug. 20th, 1887. He had fallen from a tree, and in the fall had struck with the abdomen the broken end of a branch lower down, which had penetrated the walls, from which the intestine protruded. He was carried into Aden in this condition nearly twenty miles. On admission, there was found to be a lacerated wound of the abdominal wall in the right hypochondriac region about three inches in length, from which about six inches of unwounded intestine with omentum were protruding. In the protruding mass was entangled a good deal of the green spiculæ which constituted the foliage of the tree from which he had fallen. These were all carefully picked out, the omentum (which was much bruised and in doubtful condition) was ligatured with silk in three places and removed, the abdominal cavity well washed out with carbolic lotion, and the protruding mass returned. The wound was fastened with deep sutures and dressed with iodoform. For the first two days some anxiety was felt about the boy, as symptoms of peritonitis showed themselves. These, however, disappeared, and he made an excellent recovery, and was discharged on Sept. 15th, 1887. His convalescence was somewhat prolonged, owing to the wound healing by granulation.

CASE 3. *Urinary Fistula, associated with almost complete closure of anterior portion of urethra; operation; relief.*—Mohamed A——, an Arab, from Sanâa, the capital of Turkish Arabia, came to the Civil Hospital for treatment. About a year ago he fell from a tree, and alighted astride on a branch ten feet below. After this accident he was unable to pass his urine through the urethra, but through sinuses situated in the scrotum. On admission (July 30th, 1887) he was found to be a healthy young man, and well nourished. The urethra was quite impervious at a point a little behind the scrotum. No urine could be passed through the urethra, but was voided by two sinuses opening through the scrotum. He was placed under chloroform, and Wheelhouse's operation was attempted. The urethra was found to be quite impervious, and converted practically into a fibrous cord. The operation was discontinued, with a view to observing afterwards whether the urine passed through the wound, and whether any passage was apparent. Three days after he was again placed under chloroform, and the wound—which had commenced to heal, and through which the urine had been freely passed—was carefully inspected. No urethral opening could be detected, and a straight bistoury was pushed in towards the prostate according to Cock's method, and after considerable difficulty a large bullet probe was passed into the bladder. This was allowed to remain *in situ* for some hours, but had to be removed owing to the pain it caused. Almost immediately after this second operation urine began to be passed, not only through the wound, but also the penile urethra. The wound gradually closed, and the urine was entirely passed per urethram, in a stream equal to No. 4 catheter. The urethra still continued quite impervious to a catheter beyond a certain point. The man left on Sept. 12th, well satisfied with the result.

Remarks by Mr. COLSON.—The result of this operation, so far as it goes, is fairly satisfactory. The membranous urethra was practically obliterated, and it was a lost hope to again repair the natural canal. What I was successful in doing was to make an artificial passage in the perineum, which opened into the penile and sound portion of the urethra, and which obviated the former distressing condition.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

Cartilaginous Tumour of Neck.—Spina Bifida Occulta—Addison's Disease.—Experimental Tuberculosis and Struma.—Experimental Hæmorrhagic Infarction of Liver.—Lipomatous Fibro-sarcoma of Spinal Cord.

AN ordinary meeting of this Society was held on Tuesday last, Sir James Paget, Bart., F.R.S., President, in the chair.

Mr. F. TREVES showed a specimen of Congenital Cartilaginous Tumour of Neck, taken from the left side of the neck of a girl aged three. The tumour had the appearance of a foreign body, and raised the skin a quarter of an inch. It had existed since birth. The mass was removed, and found to be a curiously shaped mass of cartilage. It was situate over the sternal end of the sterno-mastoid muscle. It was clear that the mass was in the line of the fourth branchial cleft, and a persistent remain akin to the commoner sinus or fistula. A tag of skin over the same situation was another remnant. The present specimen showed no fistula or tag of skin. Fragments of bone may be found lying

about this region. In most cases the cartilages are associated with a skin tag or fistula. A fibrous cord extended deeply inwards from the cartilage. The case was unique in the size of the cartilage and in the absence of skin tag or fistula. The specimen of cartilaginous growth published in the *British Medical Journal* was probably not of the same nature, but really a growth in the sterno-mastoid muscle.—Mr. BLAND SUTTON said that he had seen a young woman in whom there was a large mass on each side of the neck about the sterno-mastoid muscle, resembling, and probably representing, a supernumerary auricle. He said Mr. Birkett had described a very similar case in the ninth volume of the Pathological Transactions.—In reply, Mr. TREVES said that he was not aware that Lannelongue's work contained a case of precisely the same nature.

Mr. BLAND SUTTON described a Fœtus with Spina Bifida Occulta associated with several curious Abnormalities. Externally, the fœtus presented a lateral curvature of the spine, talipes equino-varus of the left foot, and atresia ani. On dissection the following abnormalities were found: imperforate pharynx, communication between the trachea and œsophagus; fibrous degeneration of the vermiform appendix; abnormal shortness of the cæcum; absence of the anus, the rectum ending as a cul-de-sac in the prostate, and single kidney. On dissecting the spine, defects were found in the arches of the lumbo-sacral portion, and the central canal of the cord was dilated opposite this point. The spinal cord, which at birth should terminate opposite the second lumbar vertebra, in this fœtus extended to the tip of the coccyx, and ended in a small fatty tumour. On closely examining the spine, a supernumerary half-vertebra was found between the eleventh and twelfth dorsal vertebræ, and a supernumerary half-vertebra of larger size between the twelfth dorsal and first lumbar vertebræ on the right side, thus explaining the tilting of the column to the left. On examining the last lumbar and upper sacral vertebræ a curious fact came to light. Normally the laminæ and spinous processes of a vertebra are formed from two centres of ossification, one for each side, but in these vertebræ it was found that the lamina of each side was composed of two pieces, one representing the pedicles and articular processes, the other the lamina and spine. The bearing of this variation on Neugebauer's view regarding spondylolisthesis was mentioned. The association of malformations of the intestines with syringo-myelocele is something more than casual, and Recklinghausen has described cases of this nature in which gross lesions of bowel accompanied syringomyelocele and spina bifida occulta. These facts serve as additional evidence to support the view that the spinal cord must be regarded as a modified section of the primitive alimentary canal.—Mr. SHATTOCK had recently dissected a similar specimen showing the congenital, not traumatic, solution of continuity of the fifth lumbar vertebra.—Dr. COUPLAND remarked that Mr. Sutton had broken down the commonly accepted distinction between vertebrata and invertebrata.—Mr. BLAND SUTTON, in reply, said that his views would be fully explained in the forthcoming number of *Brain*.

Dr. SAINSBURY read a case of Addison's Disease in which there was a definite traumatic history. The adrenal capsules were unequally affected, indicative of different stages of the disease. The specimens threw light on cases of Addison's disease associated with atrophy of capsules. The specimens indicate the degree to which, subject to fibro-caseous change, atrophy may proceed, and they suggest that some cases described as Addison's disease with simple atrophy may be really examples of the ultimate stage of the fibro-caseous change. It is also suggested that some of the recorded cases of absence of the capsules in association with symptoms of Addison's disease may be examples of extreme atrophy and practical effacement of the organ. The two stages of disease in the capsules are also interesting from their relation with a history of two distinct traumatic records. In cases of apparent atrophy of one or other adrenal, it is thought that the safest method of examination is by cross sections.

Dr. SAMUEL WEST showed specimens of Suprarenal Capsules taken from a lad aged seventeen. Eight months before death the illness began rather suddenly with the usual symptoms. The bronzing was extreme and universal, but less marked in the axillæ and flexures than usual, the legs being most pigmented; the skin over the spines was also coloured more than usual. Congenital and acquired black spots were seen; the latter were watched developing in the skin and mucous membranes. Two or three attacks of twitchings, with some, but not complete, loss of consciousness, were noted at the end of life. The liver was very adherent to the diaphragm, and embedded in fibro-caseous material. General disseminated tuberculosis of the peritoneum was found most marked about the suprarenal capsules, where the fibrous and caseous nodules were larger, and in places calcareous. The pigmentation appeared but one month after the onset of the illness. The local tuberculosis extending from the adrenal disease was very interesting. The microscopical examination was as yet incomplete, but so far no bacilli had been found.—Dr. SAMUEL WILKS insisted on the view that Addison's disease resulted from an essential disease of the suprarenal bodies, and were primarily affected; adventitious affections did not cause the disease. He agreed with the views of Dr. Sainsbury.—Dr. HADDEN contended that so long as the lesion was destructive the kind of morbid process was not an essential condition.

Mr. F. EVE read a paper on an Experimental Inquiry on the Relation of Strumous Gland Disease to Tuberculosis. The author had inoculated rabbits and guinea-pigs from ten cases of strumous glands taken at hazard. No inoculations were performed in the peritoneum, anterior chamber of the eye, or subcutaneous tissue. All the guinea-pigs became affected with visceral tuberculosis, and in four cases the rabbits. In a rabbit, the only one inoculated subcutaneously, a chronic abscess containing tubercle bacilli developed; and a rabbit inoculated from another gland escaped altogether, but this gland had undergone fibrous transformation, and no bacilli could be detected in it. The results of these experiments differed markedly from those of Arloing, who found that while guinea-pigs developed visceral tuberculosis after inoculation with strumous glands, rabbits remained free both when inoculated in the peritoneum and beneath the skin. Arloing, however, only used glands from one subject. He further found that, after tuberculosis from strumous glands had passed through two guinea-pigs, it still did not produce visceral tuberculosis in rabbits. Since the primitive virulence of the micro-organism was not restored by passing it through guinea pigs (which take tuberculosis readily), he concluded that if it is not yet proved that struma and tuberculosis are the work of a distinct virus, yet that of struma, is, perhaps, sufficiently removed from tuberculosis to constitute a distinct variety. The author had repeated these last experiments, and found that rabbits inoculated with strumous gland disease passed once through a guinea-pig developed as acute a tuberculosis as after inoculation with miliary tubercle similarly treated. Specimens were shown for comparison. He could observe no essential difference anatomically between the lesions produced in animals by strumous glands and true tubercle. Tubercle bacilli existed in glands in small numbers, and in abundance in the organs of animals inoculated with glands. After carefully searching two glands and many organs of animals which had been inoculated, he found no evidence that this form of tubercle was the "tuberculose zoogléique" of Malassez and Vignal. The clinically innocent cause of most cases of strumous glands was probably due to the soil in which the organism was implanted, the disease being localised in the glands; perhaps its virulence was slightly attenuated by influences brought to bear in them, but there was nothing to show that, *ab initio*, the virus was a specialised form. The author suggested that the substitution of the term "tuberculous gland disease," "osteitis," &c., for strumous or scrofulous, would remove confusion and tend to a better appreciation of the nature of the disease.—Dr. C. TURNER asked whether the experiments showed that some strumous glands were not tubercular.—In reply, Mr. EVE said that all the cases experimented with proved that the glands were tubercular.

Dr. WOOLDRIDGE showed specimens of Experimental Hæmorrhagic Infarction of the Liver. In human beings such infarctions were of very rare occurrence. The experimental process consisted in injecting a solution of a substance—complex proteid body derived from the thymus and testis—into the jugular vein; the whole vascular system thrombosed in a rabbit, but in a dog complete thrombosis of the portal vein only followed. The animal could also be kept alive for a long time. The liver was filled with hæmorrhagic infarctions if the animal was killed in a few days; but if the animal lived more than a week the clot could not be found. But important structural changes, such as thickening of the capsule and patches of cirrhosis, were found. Sometimes a bleb of blood formed

underneath the capsule of the liver. Fatty degeneration and infiltration with cirrhosis could be detected. The capillaries were enormously dilated. A peculiar affection of the gall-bladder, in which a thick layer of blood formed round it, was described. A colourless, tenacious mucus also formed in it and extended into the common duct. This might be a mode of origin of jaundice. Cohnheim and Litten had failed to cause infarctions. In his own specimens there was no thrombosis in the hepatic arteries. The process was neither a simple, inert, nor infective one. The chemical changes in the blood induced a slow clotting. He suggested that many chronic inflammations begin as diseases of the blood, and might not be characterised by progressive changes, but that, once started, their progress might be made by a series of catastrophes which might be arrested at any stage.—Dr. NORMAN MOORE thought that in cirrhosis due to biliary obstruction the idea last mentioned would not hold good. On examination of Dr. Wooldridge's specimen, he had failed to see one characteristic of infarct as ordinarily understood. At St. Bartholomew's Hospital there had never been seen a case of hæmorrhagic infarction of the liver. The embolus and the well-outlined boundary were wanting in the specimens shown, and their absence prevented the acceptance of Dr. Wooldridge's specimens as true infarctions. Dr. COUPLAND did not agree with Dr. N. Moore, and thought that the specimens might justly be called hæmorrhagic infarctions. He hoped for great results from this research.—In reply, Dr. WOOLDRIDGE said that he did not know by what other name to call the result as seen in the specimens handed round.

Dr. CHARLEWOOD TURNER showed a specimen of Tumour of the Spinal Cord. The growth formed an oval swelling in the continuity of the cord, of the size of a large olive. It was composed almost wholly of fat, one-half of the transverse section consisting of simple adipose tissue, the other half of the atrophic remainder of the cord infiltrated with fatty tissue. Microscopical examination of sections of the growth showed that the cord at this part was reduced to a network of nucleated fibrous tissues enclosing areas of fat. In the broader tracts of the fibrous growth were the remains of nervous tissue more or less degenerated. There had been a lipomatous growth developed in the pia mater, ensheathing the cord, which had subsequently invaded the medullary tissue. It was regarded as a lipomatous fibrosarcoma. There was a gradually increasing weakness for twelve years. It occurred in a young woman whose femur was fractured accidentally. In reply to Mr. Bland Sutton, he said that he had not detected muscular fibres in the tumour.

The following card specimens were shown:—

Dr. ANGEL MONEY: (1) Aortic Aneurysm pressing on Left Bronchus, leading to Bronchiectatic Lung; Erosion of Vertebræ; Empyema; Thickened Pleura. (2) Aortic Aneurysm, perforating Trachea. (3) Hæmatoma of Dura Mater in a Chronic Alcoholic.

Mr. EDWARD BELLAMY: Nævoid Tumour of Scrotum.

Mr. D'ARCY POWER: Submaxillary Gland, with large Salivary Calculus.

Mr. W. G. SPENCER: Stump of Chopart's Amputation.

CLINICAL SOCIETY OF LONDON.

Simple Stricture of Bile Duct.—Peritoneal Surgery for Acute Suppuration and for Tubercular Disease.

AN ordinary meeting of this Society was held on the 28th ult., Dr. W. H. Broadbent, F.R.C.P., President, in the chair.

Dr. SIDNEY PHILLIPS read the notes of a case of Fatal Stricture of the Bile-duct without evidence of Gall-stones. A man aged sixty came under his care at St. Mary's Hospital with obstructive jaundice without obvious cause. The patient had had gout, but never syphilis, and for some years had been a very hard spirit drinker. He had never had colic, vomiting, or any symptom of the passage or impaction of gall-stones. There was no evidence of perihepatitis. While under treatment the gall-bladder became gradually more and more distended, and the jaundice more intense. Much cutaneous irritation, with xanthelasma and purpuric blotches on the skin, were set up, and the patient, after five months, died of exhaustion. At the necropsy there was found a stricture of the common hepatic duct, much resembling a "cartilaginous" stricture of the urethra. There was no ulceration or adhesion of the mucous surface, but the stricture resulted from a tough fibrotic contraction of the outer wall of the duct. The gall-bladder was full of clear fluid; the liver simply enlarged from the obstruction in the duct. Dr. Phillips pointed out that this case, though rare, together with three somewhat similar cases recorded by Dr. Moxon, Dr. G. Johnson, and Mr. T. Holmes, contributed towards establishing the fact that stricture of the bile duct might exist without any symptoms of gall-stones. This was important in the diagnosis of the cause of obstructive jaundice, and might also be of service in the treatment, for, seeing the successful results of cholocystotomy &c., it might be possible to give an exit to the obstructed fluid, or at any rate to postpone one danger, that of rupture of the gall-bladder. Dr. Phillips submitted also that it was very probable not only that stricture was set up without *symptoms* of gall-stones, but also that it might arise from causes entirely unconnected with them. In favour of this, stricture sometimes occurred above the cystic duct, and in a position, therefore, where gall-stones would not pass. The absence of symptoms of gall-stones was also a presumption against their having been present; but the main point which seemed to prove that the stricture was not always due to calculi was that in some cases, as in the one he had recorded, the mucous membrane was not abraded, and the stricture was formed by contraction of the outer fibrous coat of the duct. Sufficient cases had not been reported to decide what causes, if not gall-stones, would produce stricture, but possibly long catarrh might lead to stricture of the bile duct as gleet led to stricture of the urethra.—Dr. COUPLAND briefly related a case of chronic jaundice in which a doubtful diagnosis of stricture of the bile duct was made. The case terminated in recovery after the employment of large doses of iodide of potassium; it was reported in full in the *Medical Times and Gazette* of six years ago.—Dr. F. L. BENHAM related a case in a man aged eighty-six who had biliary colic, but no gall-stones and no carcinoma. The hepatic duct was strictured.—Mr. CHARTERS SYMONDS asked what kind of surgical procedure Dr. Phillips would advocate. He briefly mentioned a case of stricture or simple narrowing of the bile duct in a man which had been under his care twelve years ago. Stricture of these parts could, if detected, be dilated.—Mr. MEREDITH spoke of the possibility of successfully cutting down on the enlarged gall-bladder and examining the various ducts and structures in this region, as he had done himself.—Dr. PHILLIPS, in reply, said there was a real danger of rupture of enlarged gall-bladder. He had seen such a case—in which he had recommended opening the gall-bladder for relief of the obstruction—with Dr. Blake of Harpenden. He had only advocated the relief of tension in cases of biliary obstruction, and doubtless the surgeons would prove themselves fully equal to the cure of the cause of the obstruction; but this was not the matter he had in hand in bringing the case before the Society.

Mr. RICHARD BARWELL read a case of Suppurative Peritonitis; opening, washing, and sponging the peritoneum; recovery. The man, aged forty-two, accustomed to drink a good deal, was admitted into Robertson ward, Charing-cross Hospital, on June 24th, 1887. Six days previously he fell and struck the left lower part of the abdomen, but seemed very little hurt. Five days afterwards, he, in stooping, felt severe pain in the lower part of the abdomen; he vomited and passed a little very dark coloured urine. (Absence or presence of blood cannot be verified.) He went to bed; his abdomen swelled; he passed very little urine; vomited after, and sometimes without, taking food.—24th: On admission he was placed in a warm bath; while in it he passed what may, he thinks, have amounted to a wineglassful of urine. At 2 P.M. Mr. Barwell found him with pinched, anxious countenance, pulse small, hard, and quick, and temperature 100·4°; dry skin; tongue somewhat coated; vomiting; abdomen slightly tender, save in the left iliac region, much swollen, very tympanitic, quite down to the pubes; tapping it produced a peculiar thrill not like that of flatulence. A No. 12 catheter brought away no urine, even though pressed far back, but the instrument when withdrawn was full of urine deeply stained with blood.—25th: On three occasions 10 oz. of urine had been passed, at first with blood, the last sample free of blood, but slightly albuminous, sp. gr. 1022; temperature 89; pulse 130; abdomen more distended. It being evident that the man had a bad type of acute peritonitis, Mr. Barwell opened the abdomen in the middle line below the umbilicus. A large quantity of gas, not of

feculent odour, escaped. No rupture of any viscus was found, but in its lower part the peritoneum contained a quantity of thick pus; there were no adhesions; parts of the intestines were congested, and the membrane was somewhat thickened. Three sponges passed into the lowest part of the cavity were withdrawn covered with tenacious flocculent pus. A smooth-nozzled glass funnel was then deeply introduced, and the part of the cavity washed out with ten pints of distilled water, temperature 99°, bringing away quantities of pus and flocculi. After sponging, a second smaller washing and sponging was directed to the upper part. The abdomen was then sewn close without any drain. The whole operation, including giving the anæsthetic and dressing, lasted an hour.—26th. During the night and day the patient frequently vomited a brown fluid with darker concreta; pulse rather fuller, 110; abdomen scarcely distended, and tender only in immediate neighbourhood of wound. Lies flat, save for a small pillow under the knees; says he is quite well, and wants to go home.—28th. The vomiting slowly decreased during the night; the bowels acted rather copiously four times. The vomiting ceased and all symptoms passed rapidly away. The rest of the history is merely that of rapid convalescence, the man being very importunate in requesting to be discharged. In his remarks, Mr. Barwell, referring to a paper by Mr. Hancock, claimed for Charing-cross Hospital the first conception of the idea of opening the peritoneum for acute peritonitis.[1] He also pointed out that this operation has been performed fourteen times, though the operator has not always known what was the precise nature of the case; and the circumstances have been very various—ulcers or rupture of some part of the intestinal tract, or of an ovarian cyst. He emphasised the impossibility of draining the lower part of the peritoneum through a wound in the front of the abdomen, and advised that no drainage tube should be here inserted immediately after operation, but that, if distension recurred, the lower stitches should be removed and escape permitted. The presence of a tube which cannot in that position act as a drain might be injurious rather than beneficial. In the female, drainage per vaginam would probably be the most valuable treatment.

Mr. LAWFORD KNAGGS (Huddersfield) related the case of a girl aged sixteen years, with Amenorrhœa of four months' standing, who came under treatment for a left-sided abdominal swelling. Some of the fluid was aspirated, and found of sp. gr. 1027, and to contain albumen, paralbumen, large granule cells, and leucocytes. The diagnosis was ovarian cyst. On July 7th, 1886, the abdomen was opened; the peritoneum, mesentery, and intestines were found covered with myriads of pale pink gelatinous-looking tubercles the size of hemp seeds. The ascitic fluid was removed, and the peritoneal cavity washed out with many pints of warm water. General improvement began from the date of the operation. The catamenia reappeared, and she gained 18 lb. in seven months. In March, 1887, she was very well, and went out to service, but the place was hard, and her health declined. Fifteen months after the operation there was no ascites, nor any evidence of the progress of the abdominal disease. She had, however, lost 8 lb. in weight, had morning expectoration, prolonged expiration over the right apex, and cessation of catamenia since July. The interest of the case was its bearing upon the treatment of chronic tubercular peritonitis. Reference was made to a case of laparotomy for intestinal obstruction recorded by the author in THE LANCET, October, 1886. The patient was the subject of tubercular peritonitis. The obstruction was relieved, and the patient, who at the time was greatly emaciated, is now, after two years and a half, a stout and fairly healthy woman. The historical case of Sir Spencer Wells, in which the patient was alive and well twenty-two years after the operation; a similar one, recorded by Dr. John Homan, of Boston, U.S.A., in which the patient was fat and in good health three years after the operation; three recently recorded cases by Dr. Naumann, of which, however, only one recovered; the remarkable experience of Mr. Lawson Tait, who claimed a uniform success so far as the operation was concerned, and a complete cure of the disease in 80 per cent. of all cases of tubercular peritonitis, in which the abdomen was opened, cleaned, and drained—all spoke to the feasibility and suitability of the procedure. Dr. Bantock had pointed out that after abdominal section there was complete immunity from ascites, whereas tapping was always followed by re-accumulation. Why did laparotomy give such satisfactory results? Possibly, as had been suggested by Dr. Cameron of Huddersfield, by removing the toxic chemical products resulting from the life of the bacilli in the tubercles, and accumulated in the ascitic fluid, the absorption of which no doubt favoured the establishment of disease in other organs. The author thought that in certain cases more satisfactory and rapid results might be obtained in this way than by the methods generally employed. He suggested as the most suitable cases those in which the chief clinical symptom was ascites, and where the disease had not attacked or seriously impaired other organs.

Mr. THOMAS KILNER CLARKE read a case of Tubercular Peritonitis cured by washing out the abdominal cavity with a 1 per cent. solution of carbolic acid. On May 10th, 1887, Ann S——, aged thirteen, presented herself among the out-patients. She complained of loss of appetite, distaste of any food, of swelling of the body, of loss of flesh, and increasing weakness. The case being diagnosed as one of tubercular peritonitis, the patient was admitted into the infirmary with a view to operation. On the 11th she was thoroughly examined, and her condition was briefly as follows. She was pale, thin, and with marked hectic flush on each cheek. Temperature 100·2°F.; pulse 120; respiration 20. She walked with difficulty. Both lungs were sound in front, but posteriorly the left lung was dull over its lower half, with absence of fremitus, while the right was suspicious. The abdomen was distended with fluid, but all the other organs seemed healthy. Her previous and family history were both very good. On May 16th Mr. Clarke operated, opening into the peritoneal cavity in the middle line of the abdomen. He found the intestines pushed upwards towards the diaphragm, and both they and the peritoneum studded with little bodies in size and appearance like boiled tapioca grains. The abdominal cavity was well washed out with about two and a half quarts of a 1 per cent. solution of carbolic acid, and without any sponging out of the cavity it was closed in the usual manner. The case did uninterruptedly well. After the first six hours there was no pain, and the patient was comfortable and contented. The temperature reached 101° on the first two evenings after operation, and otherwise was quite satisfactory. The stitches were removed on the seventh day after operation, and on the fifteenth day the patient, having been fitted with a belt, was allowed to get up. On June 5th she was sent to the convalescent home, where she stayed three weeks, gaining nine pounds in weight and improving in health and strength. She showed herself again among the out-patients on July 6th, and was then the very picture of health. She said she was perfectly well. On again examining her, no trace of fluid was found in the abdomen, while both lungs were perfectly sound.

Mr. FREDERICK TREVES said that other inflamed serous cavities, such as the pleura and the joints, were amenable to extensive surgical interference, and the same general principles of treatment were now being applied to the largest serous sac of the body. Already Truc had collected a series of ninety-seven cases of deliberate surgical interference with the peritoneum, and this numerical statement alone sufficed to show the rapidity with which this treatment had spread. As to the claim of priority of the deliberate treatment of peritonitis by washing out the sac, he could only say that he did not gather from a rather verbose correspondence with Mr. Lawson Tait that that gentleman was the first who deliberately performed the operation of abdominal section for the purpose of healing a case of supposed simple peritonitis. The operation had been done in previous cases as the consequence of a mistaken diagnosis, as in Sir Spencer Wells' historical case of tubercular peritonitis. Then, again, Mr. Luke Hancock's writings show that his conception of the treatment of peritonitis was a utopian idea. Just as the poetical outburst of Addison foretold the origin of the telephone, so in an access of surgical exuberance Hancock had predicted this mode of treatment of the peritoneum. In Mr. Barwell's case six days had elapsed before surgical interference. As a rule, such a time would have seen the termination of the career of many cases of acute peritonitis. Moreover, in Mr. Barwell's case but a small part of the peritoneum appeared to have been diseased. The necessity of thorough washing out was made evident by the reflection that the peritoneum was so large a cavity with so many recesses in which fluid might accumulate. He hoped Mr. Barwell would amend his views as to the use of the drainage tube, for if ever there were a case for the use of the drainage tube, surely it was when the peritoneum was

[1] THE LANCET, 1843, Meeting of Medical Society.

the seat of suppurative peritonitis. The principle that underlay the practice was perfect cleanliness. And in some cases he would wash out the stomach if the vomits had been offensive. Next, as to tubercular peritonitis. Kümmell, at the recent Congress of German Surgeons, had collected thirty cases of this disease treated by laparotomy, and others who discussed the paper added six more. Of the whole number six cases ended fatally; twenty-five recovered of the first series of thirty, and only one died of the second series of six. In many cases the operation was done practically by accident on the mistaken diagnosis, as in Dr. L. Knagg's case of encysted peritonitis. Most of the cases occurred in others than young children, and between the ages of fifteen and twenty. It seemed that it was a matter of perfect indifference how the peritoneum was treated so long as it was opened. In young children the treatment was not encouraging. Reference was made to a case of his own in a child fourteen months old; there was so much ascites that the child was almost suffocated by the attendant dyspnœa. At the operation of section peritoneal tubercles were seen. It appeared that the treatment tended to alter the character of the inflammation, and for a time this case did well; but the fatal termination was only averted. Some improvement followed the injection of one pint of a solution of two drachms of tincture of iodine in hot water, at a temperature of 100° F., and for three weeks the child seemed better. At the necropsy general miliary tuberculosis was found. The influence of the ascitic fluid on the growth and nature of tuberculosis was discussed.—Dr. BURNEY YEO, after alluding to the progressive invasion of medical regions by the surgeon, asked for the indications by which the physician might know when the time had arrived for calling in the surgeon. Reference was made to the immense difficulty of diagnosing peritonitis in many cases; for pain and tenderness might be completely absent, and other signs might also be in abeyance.—Dr. GLOVER asked for the evidence of tuberculosis in the cases recorded by Kümmell—Mr. TREVES said in many cases the microscope was used, portions of omentum and other structures being sectionised for examination.—Mr. HOWARD MARSH preferred the employment of a solution of tincture of iodine, 1 per 1000, as the fluid wherewith to wash out the peritoneum. Reference was made to his case of suppuration in the peritoneum published in the last volume of the Royal Medical and Chirurgical Transactions. He related the case of a girl, aged fourteen, with tubercular ascites, treated at first by repeated aspiration, but then unsuccessfully; later he laid the cavity in the peritoneum open, well washed it out with his iodine solution, and with the happiest results. The temperature previously varied from 99° to 103°, but remained normal for ten days after the operation of opening and washing out. Abscesses in the peritoneum, like similar cystic collections elsewhere, should be treated on the same general principle of evacuation, and such cases as the one he just now related would tend to make him an opponent of the aspirator. The recent surgery of the peritoneum in cases of tubercular disease would warrant his saying that cases which before were incurable were now curable by surgical interference. Perforation of the intestine might be prevented by operation, but if the perforation had taken place then there was but little hope of cure; he related a case of perforation of the intestine in six places in illustration of his remarks.—Mr. BENNETT said that the proper time to interfere surgically in cases of tubercular peritonitis could not yet be diagnosed with certainty, and he said this as the result of his experience in two recent cases, in both of which there was apparently every indication for surgical interference; yet in both cases he was not allowed by the parents to operate, and in both cases the children recovered from the peritoneal inflammation. It was difficult to state with certainty in every case whether the diseased products were inside or outside the peritoneum. In one case mentioned the disease was probably retro-peritoneal, and yet if operation had been performed at the commencement of the case he would have had to open the peritoneal sac. Eventually the matter pointed from the iliac fossa, and the abscess being opened recovery speedily followed.—Dr. HERON dilated on the frequency with which patients recovered from strumous—i.e., tubercular—disease of the lymphatic glands, and he also considered that tubercular peritonitis was by no means the fatal disease the surgeons had made it appear.—Mr. GOLDING BIRD instanced the value of mechanical irritation of lupus in the treatment of this disease, and argued that the value of the operative interference with cases of tubercular peritonitis was to be explained on the same principle.—Dr. EDIS argued that cases of peritonitis could exist without any symptoms, and he mentioned two cases of suppurative peritonitis from his own practice, in which there were but few or no indications of this inflammation. He would never drain the peritoneum by way of the vagina.—Mr. MERREDITH considered that it was the mechanical irritation, not the mere washing out, which was of service.—Mr. R. W. PARKER contested the statement that tubercular peritonitis was invariably fatal; on the contrary, recovery was by no means rare. He had been in the habit of contrasting the tolerance of the peritoneum for tubercle with the intolerance of the meninges for the same pathological product. The difference, too, between traumatic and tubercular meningitis was very patent, for recovery was not rare in the former, and was rare in the latter.—Dr. BROADBENT thought that it was too early yet to ask the question when surgical interference should take place. The indications were not yet arrived at. He felt that by surgical measures this form of peritonitis can be cured in some cases more easily and rapidly than by other modes of treatment. He had seen two cases of recovery in children in which at the umbilicus suppuration had occurred. Rapid effusion, too, was not a hopeless sign, for cases might recover after its development. But little allusion had been made by the speakers in the discussion on the pressure of gas in the peritoneal effusion in Mr. Barwell's case, and there were several ways in which to account for its presence.—Mr. BARWELL, in reply, defended his method of treatment.—Dr. L. KNAGGS briefly replied.

MEDICAL SOCIETY OF LONDON.

Double Osteotomy for Ankylosis of the Hips.—Cerebral Tumour.—Cerebellar Ataxy in a Kitten.—Congenital General Elephantoid Condition.—Cross Paralysis.—Charcot's Disease of Hip Joint.

A MEETING of this Society was held on Monday, Oct. 31st, Dr. J. Hughlings Jackson, F.R.S., President, in the chair.

Mr. PEARCE GOULD showed a patient, a young woman, aged twenty-eight, upon whom he had performed the operation of Double Osteotomy of the Femur. When six years old, she was attacked with disease in each hip joint, which slowly ran on to suppuration and dislocation of the head of the femur on to the ilium. When admitted to the London Temperance Hospital, the patient was unable to walk or stand, and each hip was flexed at a right angle to the trunk. On May 12th, Mr. Gould cut down on to each femur, and with a saw divided the bone just above the lesser trochanter—Gant's operation. The wounds healed by first intention. The patient can now stand firmly, and can walk with the help of a stick, and from being a helpless cripple is now able to earn her living as a seamstress.—Mr. C. B. KEETLEY, in cases of ankylosis of both hip joints, recommended excision to be performed on one side and osteotomy on the other.

The PRESIDENT showed a man, twenty-one years of age, from whose right cerebral hemisphere Mr. Victor Horsley had removed a tumour more than a year ago. The patient had been subject to fits, beginning in his left thumb and index finger, since May, 1884; some but slight, others more severe, with loss of consciousness. In such seizures along with double optic neuritis tumour was almost certain, but in the absence of neuritis Dr. Jackson was unable to say whether there was tumour or not. In this case there was no neuritis, but it was certain that there was a persistent local "discharging lesion" or "physiological fulminate," or, to use Horsley's term, "epileptogenous focus." Impressed by the ease, certainty, and definiteness with which Horsley and Beevor produced movements in a monkey's thumb by faradising a certain part of its mid-cortex, he suggested that the corresponding part of the cortex in his patient ("the discharging lesion") should be cut out. Mr. Horsley found and removed a tumour, and thus the operation was thoroughly well justified. But, as had been agreed upon before the operation, Mr. Horsley cut out the centre of the "thumb area." The patient was well rid of his tumour, and although he had had eleven fits since the operation, they had all, with one exception, been slight. Before the operation he sometimes had as many as thirteen severe attacks in fifteen days.—Dr. SAVILL referred to a case in which some

time after operation fits returned; this, he thought, was explained by cicatricial contraction at the site of removal of the tumour.

Dr. HERRINGHAM showed a Kitten, aged about four months, one of a litter of four, all of whom were affected with a peculiar paralysis. When equilibrium was maintained, the movements of each limb and of the head and neck were normal; but when attempts were made to walk or run, the body swayed over and the cat lost its balance and fell. The diagnosis was failure of development of the cerebellum, based upon a similar case described by Rumpf (*Archiv Psych.*, xvi., 435), and corroborated by post-mortem examination of one of the litter.—Dr. ANDREWS said that under the microscope he found the granular layer of the cerebellum almost absent, and the layer of cortical cells very poorly developed. The spinal cord was normal.

Dr. STEPHEN MACKENZIE exhibited a case of a woman of fifty-nine, with a Congenital General Elephantoid Condition of the extremities, breasts, abdomen, and face. It commenced when she was four years of age with feverish attacks like ague, followed by erythema and desquamation, which were transient, and swelling of the lymphatic glands and subcutaneous tissues, which were permanent. Her father, two brothers, and two sisters were affected. India-rubber bandages had greatly reduced the swelling. The points that he considered particularly worthy of remark were—(1) The condition appeared closely allied to elephantiasis, though the patient had never been out of this country; (2) that it in no way depended on gravitation, though this aggravated the condition; (3) the œdema had not produced anything like the nervous phenomena of myxœdema, showing that "padding of the nerve ends" does not give rise to these symptoms; (4) the heredity of the disease. He thought the condition due to lymphatic obstruction, with consequent overgrowth of tissue.

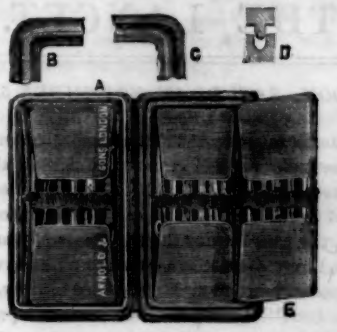
Dr. SIDNEY PHILLIPS showed a case of cross paralysis in a man aged nineteen, who had a blow on his abdomen. Twenty-six days afterwards the right arm and leg, right side of the face, and left external rectus, became suddenly paralysed with partial anæsthesia. Dr. Phillips thought the coincident paralyses suggested one lesion probably situated on the under surface of the left side of the pons or left crus, and pressing on the sixth nerve. There was nothing to support thrombosis or embolism, and no albuminuria; he considered the symptoms due either to a hæmorrhage or to deposit of callus after fracture of the base of the skull.—Dr. HUGHLINGS JACKSON thought the case one of ordinary hemiplegia, with accidental paralysis of the sixth nerve.—Dr. STEPHEN MACKENZIE thought the absence of lesion of the third nerve excluded the crus as the seat of mischief.—Dr. SAVILL suggested hysteria as a cause.

Mr. HERBERT ALLINGHAM brought forward a case of Dislocation of the Right Hip Joint from Charcot's Disease, associated with lightning pains in the legs, Argyll-Robertson pupils, and loss of patellar reflex and of sexual power.—Dr. ANGEL MONEY had noticed an increase of the knee jerk in many cases of rheumatoid arthritis and synovitis. In cases of extreme emaciation from cancer or typhoid fever this reflex was commonly exaggerated; muscular atrophy, therefore, would not explain its absence.

New Inventions.

IMPROVEMENT IN CASES FOR INSTRUMENTS, ETC.

MESSRS. ARNOLD AND SONS of West Smithfield have patented an invention in the construction of cases with the view of rendering them practically impervious to water and damp. The frames (A) are made preferably of metal, one side of the frame being formed with a groove all round, and the other with a projecting tongue, which, when the two frames are brought into contact, fits into the groove of the frame opposite. The frames may be covered with leather, porpoise hide, or other material, according to the use for which the case is intended, whether to hold surgical instruments—for which purpose the invention is particularly applicable—or other things. For the cases or frames of bags, the arrangement of the frames would be the same, with one side hinged. The inventors prefer fastening the top and the bottom together in the cases, by a leather or other suitable loose



connexion. As applied to instrument, toilet, or dressing and other cases of wood, the groove and tongue may be made in the wood frame, or a metal frame may be fitted to the wood. (See sections B C D.)

NEW FORM OF SUSPENDER.

MESSRS. LYNCH AND CO. of Aldersgate-street have sent us an example of a new form of suspender, made at the suggestion of Mr. W. E. Dawson, for use in inflammatory conditions of the testicles, where it is advisable to apply moist applications. The lower part of the net bag is made of mackintosh and prevents the spread of the application to the patient's clothes. It is also accompanied by a form of calico bag for the penis in cases of urethral discharges, absorbent wool being placed in the end of the bag. The suspensory bandage would be improved by the insertion of elastic in the pelvic band.

SHAW'S PATENT HYGIENIC OVER-SOCK.

THIS over-sock is made of chamois leather, fits over the ordinary stocking or sock, and forms a thin and well-fitting covering to the foot, which is not perceptible in the boot or even in the lowest shoe. They are made in all sizes for either adults or children, and well finished. Although of such simple construction, the over-socks will be found most comfortable to those persons who suffer from cold feet, arising either from exposure to damp or from defective circulation. We can speak favourably of these articles from personal experience. They may be obtained from Earle's Fields Works, Grantham.

"IS CANCER CONTAGIOUS?"

To the Editors of THE LANCET.

SIRS,—The case of M. Duploy, to which you allude in your annotation concerning the contagiousness of cancer in your issue of the 8th inst., and a similar one mentioned in the current number of THE LANCET by Mr. Laslett, give ground for the belief in the possibility of cancer being communicated by one individual to another by actual contact. I therefore venture to allude to another case of a like character. In 1883 a patient of mine, aged fifty-three, died with cancer of the uterus, and I have since been informed that in 1886 her husband, aged fifty-seven, had to submit to amputation of the penis for cancer, of which complaint he died a few months ago.

I am, Sirs, your obedient servant,

Tottenham, Nov. 1st, 1887. E. HOOPER MAY, M.D., F.R.C.S.

AT the meeting of the Cambridge Antiquarian Society, held on the 31st ult. at the University Museum of Archæology, the new President, Professor Alexander Macalister, M.D., delivered an inaugural address on taking the chair.

THE LANCET.

LONDON: SATURDAY, NOVEMBER 5, 1887.

THE interest taken by the Fellows and Members in their annual meeting at the College shows no signs of abatement, but rather seems to be growing. Both by more perfect organisation, and by reason of greater earnestness and cogency of argument, the constituency show themselves, year by year, better fitted for the exercise of those privileges which the Council appear more and more disinclined to allow. In their report the Council again indicate they are not prepared to give effect to the recommendation, passed at the annual meeting of last year that Members as well as Fellows should be eligible to sit at the Council Board, and should also take part in the election of its members. As this determination on the part of the Council appeared to be final, and as they have forwarded a petition to the Privy Council for a Supplementary Charter, entirely ignoring the wishes of the Fellows and Members, the Associations of Fellows and of Members respectively have petitioned the Privy Council against the granting of this Supplementary Charter. Such was the condition of affairs at the time of the annual meeting, which was held on the 3rd inst. There remained no other course but to emphasize, by further resolutions, their disapproval, and the disappointment which is felt by a very large section of the Fellows and Members at the continued and unwarrantable disregard shown by the Council to the wishes of the constituency of the College at large. After the presentation of the report (which was taken as read) and a few introductory remarks from the President, Mr. TIMOTHY HOLMES moved the first resolution, which was seconded by Dr. RALPH GOODING,—

"That this meeting disapproves of the application for a new Charter which, *first*, does not confer electoral powers upon Members of the College and the right to be eligible to sit in the Council in accordance with the resolution passed at the general meeting held on Nov. 4th, 1886—namely, 'That it would conduce to the welfare of the Royal College of Surgeons, and would tend to promote the interests of medical polity and education—(1) if Members of the College were empowered to take part (separately or conjointly with the Fellows) in the election of members of the Council; (2) if Members of the College were eligible to sit in the Council, provided (*a*) that no Member of the College shall be entitled to vote till he have been such member for a period of ten years; (*b*) that no Member of the College shall be eligible to sit in the Council till he have been such Member for a period of twenty years; and (*c*) that not more than one-fourth of the Council shall consist of Members of the College who are not also Fellows;'—and, *second*, which does not provide that no alteration shall be effected in the constitution or in the relations of the College, or in any of its bye-laws, without the consent of the Fellows and Members convened to discuss such alteration in accordance with a resolution passed at the general meeting held on March 24th, 1884, and reaffirmed at the meeting held on Oct. 29th, 1885."

It is noteworthy that not only was this resolution passed with absolute unanimity, but this year there was not even a solitary dissentient utterance. This must be gratifying to those who have so long maintained the struggle for reform, especially when it is remembered that there were present a large number of independent Fellows, that is, Fellows who are known not to belong to either of the Associations.

This first resolution having been disposed of, Mr. TWEEDY moved "That this meeting respectfully request the Council of the College to transmit a copy of the foregoing resolution to the Lord President of the Council." This was seconded by Dr. DANFORD THOMAS, and carried unanimously. It is to be hoped that the Council will manfully accept the suggestion, and, as Mr. TWEEDY hinted, fight the matter fairly out.

It would appear as if the individual members of the Council of the College are personally opposed to any change in the directions indicated in the resolutions which have been brought forward at the various meetings. We think for many reasons that this is derogatory to their own dignity. There is scarcely another body of gentlemen who, disposing of trust or public funds, would not be glad, we should think, of the opportunity of lessening their responsibility and of securing representatives of all classes for the Council, on the lines laid down in the resolutions. A larger Council would in no way weaken the present status of that body; while the presence in it of a limited number of Members of the College would satisfy the natural desire of general practitioners to be directly represented, and to have some voice, through their representatives, in the disposal of the sums of money which are largely derived through and from them.

IN the various forms of inflammatory and degenerative disease to which the kidney is liable there has been assigned by all the more recent authorities a very considerable share to the Malpighian corpuscles. Since KLEBS drew attention to "glomerular nephritis" it is remarkable how the tubular lesions have gradually taken a secondary place. In the current number of VIRCHOW'S *Archiv* (Bd. cx., Hft. 1) Dr. HANSEMANN, one of Professor VIRCHOW'S assistants, contributes an article on the subject, which tends, if anything, to limit the sphere of the changes in the glomerular tufts. His pathological study is based on the examination of 120 cases of nephritis, arising under very varied conditions. He prefaces his account of the results obtained in these morbid specimens by a statement of the normal histology of the Malpighian body, which departs slightly from the usually accepted teachings. BOWMAN'S capsule, which is continuous with the basement membrane of the convoluted tubule, is composed of a single layer of cells, the nuclei of which may or may not be centrally situated. The tubule is not constricted at its termination, but expands rapidly in a funnel-shaped manner; whilst developmentally the capsule is formed directly from the curvation of a tubule, and in the same way the epithelial layer covering the glomerular loop is formed. The space between the capsular and glomerular epithelium is filled with fluid, which, according to Dr. HANSEMANN, can be seen in hardened specimens to be traversed by a fine filamentous network. He does not agree with DRASCH'S division of the glomeruli into a larger set placed centrally and a smaller-sized set placed peripherally in the kidney, the former being multilobed and furnished with a nucleated epithelial investment, the latter bilobed and with a non-nucleated covering. For although it is evident that these bodies vary much in size, there is no such manifest separation in structure and situa-

tion as DRASCH implies. The glomerular investing membrane is, according to HANSEMANN, merely a layer of cells with scanty nuclei, and cannot, as usually stated, be separated into a basement membrane and endothelium. He also declares that connective-tissue elements are very scanty in the glomerular tuft, being mainly limited to the region of the afferent and efferent vessels; whilst he disputes the statement of BABES that these vessels at their points of entrance and exit are dilated in an ampullary manner, or that such degenerative processes as amyloid and sclerotic changes select these positions for their starting points. The pathological portion of Dr. HANSEMANN'S essay deals in turn with certain questions respecting the *rôle* of the Malpighian body in renal disease, and the replies to these questions are based entirely upon his own histological studies. The first is as to whether these structures take part in every affection of the kidney, and if so, are they attacked simultaneously with or before the rest of the organ? He shows that although in many cases of parenchymatous nephritis, as well as of other diseases, the Malpighian corpuscles are involved, yet that cases do occur in which these corpuscles (even in nephritis) may remain unaffected. In a few instances they are so much affected as necessarily to influence the nutrition of the rest of the renal substance; but it is very rare and quite exceptional to find that glomerular lesions are the first to appear. Another point is as to the part played by nuclear proliferation in the glomerular change. This is always more marked in young subjects, in whom the nuclei are normally more abundant. However, there is undoubted evidence of proliferation of epithelia, more especially of that covering the tuft, besides leucocytal infiltration, which is liable to be mistaken for the former. Further, he denies that the pathological changes —e.g., amyloid degeneration—to which the glomerular tufts are liable afford any evidence that their constituent vessels are provided with a special endothelial lining, as LANGHAUS asserts. On the contrary, he finds that the delicate walls of these capillaries are simply composed of epithelium. In disease of the Malpighian bodies, it would seem that very extensive changes in the direction of swelling, proliferation, and shedding of the epithelial lining of the capsule and tuft may take place without any apparent lesion of the vessels. This of course does not apply to amyloid change, which commences in the vessels. Lastly, in speaking of the relation of glomerular lesions to those of the rest of the kidney, he distinctly discards the doctrine of a primary glomerular nephritis. He quotes COHNHEIM to the effect that it is inconceivable that the several vessels and tubules of the kidney should share equally in the work of secretion, and that inflammation should attack simultaneously all the glomeruli or all the tubules. It accords with experience that nephritis does not involve the whole kidney to an equal extent, or both kidneys in the same degree. And there is sufficient evidence adduced to show that there is no relation between the extent of disease in the glomeruli and that in the rest of the kidney; although it necessarily follows that where a Malpighian body is so diseased as to be functionally destroyed the tubule in connexion with it must be more affected than is the tubule connected with a less damaged glomerulus. In amyloid degeneration, there is, besides the malnutrition induced by interference with blood supply, a probability that the tubule connected with the affected glomerulus atrophies from disuse, being no longer required to fulfil its function. The polyuria of amyloid disease will have, then, to be explained in another way,—but Dr. HANSEMANN does not proffer any such alternative.

THE results of the Contagious Diseases Acts in the colonies have already been given at some length in THE LANCET for October 22nd; but, as was observed at the time, it was necessary to omit much that was interesting from Sir H. T. HOLLAND'S Parliamentary Paper and this deficiency may now to some extent be supplied. We have already dealt with Malta, Hong-Kong, the Straits Settlements, Barbadoes, Jamaica, St. Helena, Labuan, and Trinidad, and now proceed to notice the medical details of the more important districts respecting which these are given. The first is Gibraltar, which, as is well known, is almost insular as regards situation; and from the Governor, Sir A. E. HARDINGE, we learn that the garrison comprises, as a rule, 4600 soldiers. It also appears from the report of Surgeon-General FRASER, the principal medical officer, that there has been a decided increase of venereal diseases among the men of the garrison during the last four years—i.e., since the Acts were first practically suspended and then repealed in this country,—this causing a great importation of disease. The following figures show the ratios of venereal disease in the four years preceding and the four years following the suspension of the Acts:—

Act in Force.

	1879.	1880.	1881.	1882.
Strength of garrison ...	4516	4483	4444	4558
Percentage of venereal disease	8·48	17·19	17·30	20·62

Act Abolished.

	1883.	1884.	1885.	1886.
Strength of garrison ...	4737	4712	4353	4307
Percentage of venereal disease	30·61	28·20	38·20	36·49

This fact alone is sufficiently alarming; but to this must be added the additional one that Gibraltar has always been peculiarly situated as regards what are known as alien prostitutes—those who come from Spain on permits of a day or longer; and as the authorities have only a partial control over them, much disease is spread in this way. There are, in all, sixty-five native and sixty-one alien prostitutes. Out of these no less than thirty-five were admitted into the Lock Hospital in a period of three months and a half, and of these thirty-two were aliens. If, then, the examination of these women is abolished, these diseases will rapidly assume an epidemic form, both among them and the soldiers of the garrison. But even this is not the worst, as Sir A. E. HARDINGE points out: "Moreover if the examination in Gibraltar were dispensed with, all the diseased women compelled to leave Spanish brothels would find their way here either on a daily or weekly ticket. The result would be a state and condition of things that I refrain from depicting." Surgeon-General FRASER observes, in conclusion: "Taking into consideration the numerous points of difference which exist in Gibraltar, compared with other Crown colonies, and the importance of maintaining the health of this important garrison in the most favourable

state which efforts in this direction can accomplish, I think it does not admit of any reasonable doubt that with this object in view there actually exists a 'special and local necessity' for not only supporting the regulations affecting prostitutes which are already in force, but of strengthening them to a resemblance of what they were before 1883. I would protest most strongly against their abolition, for that would be followed by the most deplorable consequences to the health of the troops, and a considerable increase of expense to the State from increased daily loss of service, as well as from a higher proportion of invaliding from constitutional syphilitic disease which will inevitably follow."

Passing to Ceylon, it appears that the Ordinance there has been in force since 1867, its operations being limited to Kandy (the ancient capital), Colombo, and Galle, at all of which places troops are stationed, and the two latter are the principal seaports. From Kandy Surgeon-Major FITZGERALD writes: "I believe the Act, when properly enforced, to be most beneficial, and that the only objection to it is that it is not, in my opinion, extended over a sufficiently large area to keep women affected with venereal disease out of the reach of the soldiers." Dr. ARCHER, the Brigade Surgeon in charge of troops in Colombo, says, "In my opinion it is most desirable that the Act should continue to be enforced, on account of the great prevalence of venereal disease amongst the troops and the large number of men thereby rendered constantly non-effective. Last weekly sick returns for this station show twenty-eight patients in hospital suffering from these complaints, or very nearly 44 per cent. of the total sick. There can be little doubt that this ratio would be largely increased were the Ordinance abrogated, especially if infected women were not admitted for treatment to the Venereal Hospital." From Galle Surgeon WALLIS reports: "Galle being a small place and thickly inhabited, if the Act were not in force the disease would increase to such an extent that the consequences would be serious both to the military and civil population, whereas at present the few cases that now occur are not of a virulent type, and arise from outside infections." The Executive Council of the colony in giving special reasons why the Ordinance should be continued, conclude as follows: "The inevitable result of repealing the Ordinance would be a large increase of disease among the civil as well as the military population, and probably an increase of crime." The Governor, Sir A. H. GORDON, adds: "I share the opinion of my Executive Council. The circumstances of England and of an island like Ceylon, as regards such legislation, are so widely different that it is difficult to restrain a movement of impatience at the want of power to realise any such difference which appears to characterise the more fanatical supporters of the repeal of these Acts, and indeed too many others, who conclude that whatever may be unsuitable in England is necessarily unfit for existence elsewhere. In the present case the grave physical, moral, and social mischief which will result from the repeal of the Ordinance is patent; while, on the other hand, the circumstances under which the administration of the Contagious Diseases Acts in England has been held to have inflicted hardship and worked injuriously are absolutely non-existent in Ceylon."

It only remains now to see what has been done in the Fiji Islands. Dr. MCGREGOR, the chief medical officer, in a most elaborate report, mentions that the Ordinance was first passed in 1881, since which it has undergone various modifications. It not only provides for the inspection and detention of prostitutes, but also of immigrants arriving in the colony who are suffering from venereal disease. It appears that among the Fijians there was some time previously to the passing of the Ordinance very little venereal disease—so little that they were practically free from it,—while several thousand Polynesian immigrants were being introduced every year, a large number of whom were suffering from venereal disease. Nothing could have been more distasteful to the native chiefs than the extension of venereal diseases among their people; and there can be no doubt that such diseases, if once suffered to obtain a firm hold on the population, would greatly diminish the birth-rate and largely add to the death-rate. Hence the passing of the Ordinance, which has done a great deal of good in preventing the spread of venereal diseases. Dr. MCGREGOR states that the Indian women are greatly disposed to prostitution, and have made many efforts to establish houses of ill-fame in various parts of the islands; these efforts have been effectually thwarted in many instances by the Act. He concludes: "Looking, therefore, at the whole question from the purely sanitary point of view, it must be held that the repeal of the Ordinance would be a calamity; and it is highly probable that the result of such repeal would create great political discontent in the minds of the native chiefs, and convert the present somewhat unfriendly feelings of the Fijians towards the Indians into dangerous dislike." The Governor, Sir C. B. H. MITCHELL, adds: "I should regard the withdrawal of any precautionary measures against the spread of contagious diseases among the Fijians—a race which is even now showing signs of decay, in that the birth-rate scarcely seems to equal the death-rate—as a great misfortune. As there is no public feeling either amongst Europeans, Fijians, Indians, or Polynesians against the existence of these precautionary measures, and as their repeal may, and probably will, seal the doom of a fine race over whose welfare the English Government is specially pledged to exercise a watchful supervision, I trust that the repeal of the Contagious Diseases Acts of Great Britain, enacted as they were for the protection of a people living under totally different conditions, moral, social, and economic, from those obtaining in these islands, may not be followed by a direction to me to pass an Ordinance to abolish enactments the continuance of which is, in my humble judgment, imperatively required in the interests of Fiji."

While it is satisfactory to observe that the Acts are still to be maintained in Fiji, and probably in Malta also, it is to be regretted that their repeal should be insisted upon in Gibraltar and Ceylon, where, as we have seen, their effects have been so beneficial, and their repeal would be so greatly dreaded by those most capable of judging the probable effects.

THE LANCET of Oct. 8th contains a paper by Dr. GOWERS on the Value to the Medical Practitioner and the Medical Student of a Knowledge of Shorthand. Our present issue contains a letter from the same source describing the particular advantages derived by the student from a knowledge of this art, and advising the formation of shorthand classes in the medical colleges. In these days enter-

prise is increasingly active, and is rapidly pushing the bounds of knowledge beyond what is now known in every department of medicine and the sciences allied to it. There is no fixity in the limits of discovery, and errors even seem to the learner to possess a transferable vitality. The tax on memory and reasoning power is not lightened by their disappearance, but is replaced by the exactions of some substitute fact or theory which claims consideration on the authority of later proof. Whatever, therefore, promises to diminish this exaction deserves to command the attention of learners, and shorthand seems to be one of the conveniences especially fitted to fulfil this function. For the student engaged in the lecture theatre it has, as Dr. GOWERS has said, two principal recommendations. Not only is it in an eminent degree saving of time, enabling the student to understand and appreciate, while he transfers to paper, the utterances of a speaker, and observes his illustrations, but it allows him also to note correctly each essential of a discourse, and to exclude any non-essential padding of rhetoric. Thus, the writer is at the same time in some sort a learner. He leaves the lecture room with a clearer idea of his subject than if he had taken notes in longhand, and he may feel himself to be within a measurable distance of accomplishing the feat of memory attributedto Lord MACAULAY, who, it is said, could redeliver a lecture from beginning to end after having once heard it. It may be claimed as an additional advantage that the opportunity afforded for transcribing the notes thus taken into the ordinary written character implies an exercise of mental revision. This, no doubt, is the case, and if the student can spare time for the double notation so much the better. If he cannot, and can easily read his shorthand notes, his best plan certainly is to rest content with these. We are of opinion that those in his position, as a rule, have little time to spare of an evening for the work of transcribing; but there is doubtless room for some difference of opinion on this point. Clinical teaching is for the student of medicine a matter of the first importance, and the essence of such teaching is to train the faculty of observation. In this department shorthand is particularly useful. During the examination of a case there is much in the necessary exercise of the senses, and in the interruptions of question and answer, to interfere with the taking of notes, which, nevertheless, can hardly be dispensed with. To be able to make a permanent record by means of a few symbols is, therefore, an accomplishment of obvious value. This leads us to remark, in passing, the facility in case-taking which is possessed by practitioners, however busy, who have early attained a mastery of this convenient art. Of this class of men Dr. GOWERS is himself an eminent representative. We have now said enough to show that, at all events as far as prospective benefit is concerned, there is justification for the formation of shorthand classes in medical schools. Nor does there seem to be any reason to dread any serious practical difficulties in the way of such a scheme. Teachers are not far to seek. The course need not be a long one, nor the fees high, while, if (as may reasonably be expected) the number of pupils is considerable, they should quite suffice to repay handsomely the trouble of teaching. It is therefore in every way desirable that an effort should be made to bring within the reach of those attending the various hospitals and colleges throughout the kingdom the evident advantages of that useful system which, it is interesting to recall, had for its earliest founder a member of the medical profession.

Annotations.

"Ne quid nimis."

HONOURS EXAMINATIONS AT THE UNIVERSITY OF LONDON.

WE have received numerous letters from teachers and students complaining of the alterations in the Intermediate M.B. Examination at the University of London. These changes are twofold, and came into operation at the last examination in July. We pointed out at the time that the alterations were announced that they would act injuriously on the candidates, and the letters which we have received unanimously support our contention. There can be no adequate reason for commencing this examination so early in the months of January and July, and having an interim of fifteen days between the written and *viva voce* parts of the examination. This arrangement is most inconvenient to the candidates and acts unfairly, and can only have been sanctioned in the interests of the executive. The University appoints assistant examiners to aid in reading the papers in some subjects, and if the number of those selected for this duty are insufficient more should be provided. So far as we can understand, there is absolutely no justification for compelling a candidate, at the time of entering his name for the examination, to choose definitely whether he will take the pass paper, and so forego all claim to honours, or the honours paper, and so risk his chance of a pass. If he were allowed to choose at the examination, with the two papers before him, we should still deem it an unwise innovation, but, at any rate, it would give the candidate a much fairer chance than under the present regulation. Teachers in every school are saying that their best men are afraid to run the risk of electing to be tried for a pass on an honours paper, and we have no doubt that this feeling is widespread, and it is quite intelligible. We question if any labour is saved to the examiners, and, even were it so, the authorities are bound to consider the interests and well-being of the candidates in the first instance. The regulation shows that the Senate has, as we have often pointed out, lost all touch with the medical schools. If the Deans or teachers in those schools had been consulted, a unanimous protest would have been sent in to the Senate, and the authorities would have hesitated to pass these regulations, which seem to us, and to all who are conversant with the examination, to have been made solely for the purpose of lightening the work of the executive staff. We would counsel the Senate to restore as quickly as possible their former regulations. If the number of candidates aspiring to honours requires limitation, a simple regulation that every candidate must gain at least two-thirds marks, or some such proportion, in a subject at the pass, before he can offer himself for honours therein, would do all that is necessary for both examiners and candidates.

VACCINATION IN ITALY.

THE severe visitation of small-pox from which the San Frédiano neighbourhood of Florence has suffered constrains the Società Fiorentina d'Igiene to call loudly for compulsory vaccination. Unlike England, France, and Germany, Italy has no uniform legislation for the prevention of small-pox; the only regulation that the most civilised of her provinces possess against the scourge is this—that children cannot be admitted to school or youths to higher institutions without their having been medically certified as

having undergone vaccination. But how about the multitude of children who never have an opportunity of requiring this certification—those, in other words, who never go to any kind of school but that of the streets? for it is precisely in this social stratum that the recent outbreak of small-pox in Florence originated, and to which its ravages were almost exclusively restricted. On April 26th last the late Italian premier, Signor Depretis, in the Sanitary Code for the Italian kingdom which he laid before the Senate, made a special feature of compulsory vaccination; and yet there were found public men who combated that provision on the ground that the school certificate of vaccination was sufficient. The epidemic that raged throughout the autumn in the lower quarters of Florence is his justification; and we are glad to see that the Hygienic Society of the city, at the instance of Dr. Boncinelli, adds the weight of its authority to his proposed enactment. Half-measures in matters so important as the public health have had their day; and nothing short of the legislation that protects England, France, and Germany will be tolerated for such a favourite land of foreign sojourn as the Italian peninsula.

INQUESTS ON FIRES.

THE inquest concerning the deaths of four persons killed by the falling of a wall at the recent extensive fire on the premises of Mr. Whiteley, Westbourne-grove, was concluded last week, and, after a prolonged inquiry and the delivery by the jury of their formal verdict, the following rider was added:—"That the present state of the law in regard to fires is most unsatisfactory, inasmuch as it would have allowed the fire at Mr. Whiteley's premises to have passed without any official inquiry but for the fact that deaths arose therefrom; and, further, the jury consider that provision should be made by law for an official inquiry into the origin and circumstances of all fires." We fully endorse the observations of the jury, and consider that the powers which the coroner formerly possessed of holding inquests in cases of fire where no death occurred should be again restored to him. That he had this power in times past is certain; and, further, his power extended to the inquiry of other felonies, such as burglaries and prison breach. Hawkins, in his "Pleas of the Crown," contends that the power of the coroner in those cases was conferred upon him by statute (Edward I.), and was never expressly taken away from him. Some few years ago an attempt was made to establish the authority of coroners to hold inquests in cases of fire, but the question was settled by the leading case of "Regina v. Herford," in which Lord Chief Justice Cockburn, in delivering judgment, said: "We have the authority of three of the greatest writers who have expounded and illustrated the law of England for saying that the office of coroner with reference to felonies is limited to cases of homicide on view of the body." Again, Lord Cockburn stayed the coroner for Manchester, who had commenced an inquisition as to a fire, with this judgment: "As to the importance to the public that coroners should have the jurisdiction, there are two opinions. I express none. Some of the coroners in modern times have exercised this jurisdiction, some have not. If they are to exercise it in this and other felonies after the disuse of it for five or six centuries, let it be given them by the Legislature, and not revived by this Court." The late Sir John Humphreys, coroner for East Middlesex, held an inquest at Hackney in respect of a fire where no life was lost. This he did at the special request of the churchwardens and inhabitants of the district, as fires were of such frequent occurrence. The case turned out to be one of arson, but the magistrates refused to reimburse the coroner for the expenses incurred in the holding of the inquest, on the ground that the said inquest was not legally held. By the Coroners Act, 1887, the only Act granting powers to coroners in these matters (4 Edward I.) is repealed. It will be remembered that very recently Sir Robert Fowler and Mr. Hubbard introduced a Bill into Parliament to enable the City Coroner to hold inquests in cases of fire; but the Bill was lost owing to technical objections. Let us hope the City members will return to the charge and recast their Bill in a wider scope so as to include at least the whole of the metropolis, if not extended generally throughout the kingdom. The metropolitan members, as a body, might do far worse than take up this matter on a comprehensive scale when Parliament again assembles.

STRUCTURE OF MUSCLE.

THE Structure of Muscle, one of the most difficult questions in histological research, is the subject of an essay by Mr. C. F. Marshall of Owens College, who gives the following summary of his researches. In all muscles which have to perform rapid and frequent movements a certain portion of the muscle is differentiated to perform the function of contraction, and this portion takes on the form of a very regular and highly specialised intra-cellular network. This network, by its regular arrangement, gives rise to certain optical effects, which cause the peculiar appearances of striped muscle. The contraction of the striped muscle fibre is probably caused by the active contraction of the longitudinal fibrils of the intra-cellular network; the transverse networks appear to be passively elastic, and by their elastic rebound cause the muscle to rapidly resume its relaxed condition when the longitudinal fibrils have ceased to contract; they are possibly also paths for the nervous impulse. In some cases where muscle has hitherto been described as striped but gives no appearance of the network on treatment with the gold and other methods, the apparent striation is due to optical effects caused by a corrugated outline in the fibre. In muscles which do not perform rapid movements, but whose contraction is comparatively slow and peristaltic in nature, this peculiar network is not developed. In most if not all of the invertebrate unstriped muscle there does not appear to be an intra-cellular network in any form, but in the vertebrate unstriped muscle a network is present in the form of longitudinal fibrils only. This possibly represents a form of network intermediate between the typical irregular intra-cellular network of other cells and the highly modified network of striped muscle. The cardiac muscle-cells contain a network similar to that of ordinary striped muscle.

MEANS OF ISOLATION IN LIVERPOOL.

THE position of Liverpool with regard to the isolation of infectious diseases is at present one of extreme difficulty. There is evidence of a commencing increase of scarlet fever; the history of the city is one that gives much anxiety as to typhus at the beginning of a winter which bids fair to be marked by some real privation; and other diseases needing isolation are always more or less prevalent. In the face of these circumstances, it is a deplorable fact that the Town Council are absolutely without means for the reception of infectious diseases other than small-pox, and that, apart from the workhouse hospitals, to which no non-pauper can be legally sent, there is no proper means for protecting the inhabitants against preventable disease. Indeed, Dr. Dawson, in an interview with the deputy medical officer of health as to the need for dealing promptly with some urgent cases, only learnt that it was admittedly an "awful condition of affairs," but that the actual case in question was merely "one of a series." The truth is that Liverpool is suffering from its long postponement of a pressing matter, and although the Cor-

poration have at last determined to deal in part with the emergency, they still remain unprepared. The Netherfield-road hospital has been taken over by them; but it is in the hands of the builders, who are to adapt it to modern hospital requirements. A new hospital near the docks has been decided on, and the designs have been prepared and assented to, but it is not yet built. So, also, the chairman of the Sanitary Committee is now urging the Corporation to provide a new hospital site in the east of Liverpool. There can be no question at all as to the need for further means of isolation, for that which will be available when the two newly acquired hospitals are finally ready for use can never be expected to suffice for dealing with the current fevers of Liverpool. It is a pity, therefore, that the matter is again postponed; for whilst we fully believe that temporary erections, as a rule, tend to hinder the provision of permanent hospitals, yet it is an unquestionable gain to have even a site ready for such emergencies as may arise. We hope that at the next meeting of the Council measures will be taken to remove the great defect which now attaches to Liverpool in the matter of dealing with infectious disease.

CHOLERA EPIDEMIC AT MALTA.

IN a report upon the cholera which has recently prevailed as an epidemic at Malta, the Lieutenant Governor and Chief Secretary to Government, the Hon. W. F. Hely-Hutchinson, states that between Aug. 1st and Sept. 26th, a period of fifty-seven days, there were 421 cases and 261 deaths, or an average of 7·23 cases and 4·57 deaths daily. The former were in the ratio of 2·64 and the latter of 1·67 per 1000 of the population. The disease was much more prevalent and fatal in the villages than in the towns, and attacked the poorest, worst lodged, and worst fed of the population. Only one case occurred among the British troops. "Those who rest their faith on sanitary measures rather than on quarantine may find confirmation of their views in the following facts: That in the fortified towns, now drained and supplied with good water, the epidemic has been far less severe than in the villages, which are all undrained; that of the villages which have been attacked, those which have suffered most severely are those dependent on surface water collected in tanks; that although no sort of quarantine or segregation beyond a prohibition to enter Zabbar and Zeitum has hitherto been imposed on the British garrison, only one case has occurred amongst the troops; and that, although no quarantine measures whatever have been taken in Gozo against Malta, only one case, and that a doubtful one, has in the course of fifty-seven days occurred in the neighbouring island."

POSTURE FOR SLEEP AND POSTURE IN SLEEP.

IT would seem on the first blush of the matter that the posture for—that is, to favour—sleep must be generally the same as that voluntarily or instinctively assumed during sleep; but a little consideration will make it apparent that this is not correct. It may be granted that, supposing a person to be sleeping lightly and uncomfortably, the posture will be changed half-consciously to one of comfort. It would be more correct to say that it is changed in the endeavour to avoid distress or discomfort; but even the fact that sleep is quieter in the new position will not suffice to prove that this is a better one, because the sleep may meanwhile have become deeper. It is, on the whole, impossible to ascertain either by experience or observation which is the posture most conducive to sleep, and attempts to lay down rules for the guidance of bad sleepers are always arbitrary, generally empirical, and rarely of any practical value. Those who think "anæmia of the cerebrum" is the cause of sleep, and those who think that, though not the cause, a diminution in the quantity of blood in the vessels of the encephalon is a necessary concomitant of sleep, prefer, and recommend, that the head should be higher than the feet; while those who adopt the opposite view, and think passive congestion causes or promotes somnolence, would have the feet raised and the head lowered. The confounding of stupor with sleep may, and probably has, something to do with these differences of opinion. Meanwhile a common-sense view of the subject would conclude that, as there is evidently some change in the blood state when the brain falls asleep, the best plan must seem to be to place the body in such position that the flow of blood through the vessels of the head and neck may be especially easy and free. The way to secure this is to allow the head to lie in a posture and on a level that cannot offer any obstacle to the free return of blood through the veins of the neck, and does not tend to make the blood flow specially in any particular direction, but leaves Nature at liberty to act as she will.

THE LIVERPOOL ROYAL INFIRMARY.

LAST week two very interesting ceremonies took place in connexion with the rebuilding of the Liverpool Royal Infirmary. The first was the discovery and raising of the old foundation stone of the building now in course of removal. It was found in the north-west corner, and there was leaded into it a brass plate bearing an inscription that it was laid on July 27th, 1821, by the then President of the institution, the Earl of Derby, in the presence of Thomas Leyland, Esq., mayor, the two bailiffs of the old Corporation, and many others. The raising of the stone was witnessed by the present President, Colonel A. H. Browne, M.P., Mr. Gilmour, chairman of the committee, Dr. Davidson, Mr. Mitchell Banks, and others. In a bottle in a cavity of the stone were discovered coins of the day and a copy of a local newspaper. The second ceremony was the laying of the foundation stone of the new building by Lord Derby, in the presence of the Lord Bishop of the diocese, the Mayor (Sir James Poole), and a large and distinguished company, among them the professors of the Liverpool University College and members of the medical and surgical staff. In opening the proceedings, the Mayor alluded to the coincidences that the foundation stones of the first infirmary, erected in 1749, as well as that of the building now removed were both laid by ancestors of the noble lord who was now asked to perform a similar service. Colonel Browne then presented to Lord Derby a silver trowel. The foundation stone, of polished granite and bearing the inscription, "Foundation stone laid by the Earl of Derby, K.G., 29th October, 1887—Queen Victoria's Jubilee year," was lowered and declared duly laid by his lordship; after which, the Bishop having offered up prayer and pronounced the benediction, Lord Derby said that when he was asked some time ago to lay the first stone of this building, he accepted the invitation with pleasure, for it was a good work, a useful work, a work of beneficence and of public spirit, and one which conferred benefits on the community far out of proportion to the capital expended or the mere direct aid given. It was no paradox to affirm that the greatest gainers by the existence of hospitals are to be found amongst those who never enter their doors. They are schools of medical science, where a young man learning his business can see in a few months more cases of various kinds than he would be likely to see in the private practice of a lifetime, where he can profit by the teaching and experience of the leading men of his profession, where a high standard of professional feeling and honour is maintained, and where greed and quackery, and all those practices by which low practitioners sometimes

try to push their way into notice, are discountenanced and put down by the full force of an organised and unanimous opinion. An unhealthy people indicates a decay in the community, and the more we know of former times the more surely we are aware that with the growth of civilisation life becomes on the average not only fuller but longer. Of all men, physicians and surgeons give a larger proportion of their time and knowledge—which is their capital—to the unpaid relief of suffering among the poor. We take that as so much a matter of course that we scarcely give them credit for it, but the fact that we do so is in itself the highest praise.

THE SURGICAL TREATMENT OF PERITONITIS.

THE propriety and value of surgical intervention in the treatment of certain forms of peritonitis formed the main subject discussed at the last meeting of the Clinical Society. The cases which gave rise to the debate belonged to two different categories, and perhaps for that reason the discussion was rather involved. It may therefore be convenient to analyse it on each head. In his successful case of acute suppurative peritonitis, Mr. Barwell was pursuing the practice which was brought before the notice of the Royal Medical and Chirurgical Society by Mr. Treves and Mr. Marsh two years ago, giving rise to an interesting debate on the occasion. For although, as Mr. Barwell said, the priority in conception of this procedure rests with the late Mr. Hancock, the operation itself with the deliberate intent of treating the peritoneal condition was first performed by Mr. Treves. It may now be considered not only a legitimate but a very valuable means of treatment, and one which is sure to become more widely practised. Mr. Barwell's case was also instructive, as the President pointed out, on account of the large accumulation of gas present within the abdominal cavity; which makes it more than likely that the peritonitis had been excited by a perforation of the bowel, perhaps of the vermiform appendix. General peritonitis due to perforation is almost invariably fatal, so that physicians may be justified in having early recourse to the aid of the surgeon, who by incision and drainage can promise a more favourable issue. As to the *technique* of the operation, nothing can be simpler, and it was clearly shown that no better medium for washing out the cavity could be employed than pure water, provided this were supplied in sufficient amount, and the irrigation were as thorough as possible. At the Clinical Society more attention was bestowed upon the subject of tubercular peritonitis, the two cases furnished by Dr. Knaggs and Mr. Clarke of Huddersfield forming the chief topic of the debate. Here we may remark how deep-rooted is the notion that tubercular disease of a serous membrane like the peritoneum is necessarily fatal, and the impression conveyed by Dr. Burney Yeo's questions was certainly to that effect. We may refer all those who still hold to this opinion to a clinical lecture on Tubercular Peritonitis in Children, by Dr. Gee, published in this journal six years ago (THE LANCET, Jan. 1st, 1881), and his statement that "recovery from tubercular peritonitis is common" will be endorsed by physicians who practise in children's diseases. In adults cases of recovery from this disease are less common, but Sir Spencer Wells' celebrated case is a standing refutation of the prevalent pessimistic views which would regard tubercular peritonitis as being as hopeless as cancerous. The debate, however, did good service not only in correcting this impression, but in showing how materially recovery is aided by draining the cavity of its contained fluid. Here, again, a lesson may be learnt from the practice often adopted in the case of children with considerable success—viz., simple paracentesis. Whether irrigation and continuous drainage is superior to paracentesis, which may have to be repeated, experience alone will show; but that the essential thing is to withdraw the fluid so as to allow the affected serous surfaces to come into contact was strikingly brought out in the report which Mr. Treves gave of the recently recorded experience of German surgeons. The measure of success obtained did not seem influenced by the adoption of various methods; the essential point was that the peritoneal sac should be laid open. It would thus appear (as was suggested in the debate) as if the effused fluid were itself a source of danger; but that it is absolutely necessary to "alter the character of the inflammation" by the injection of iodine, carbolic acid, or other irritants is still an open question. Dr. Knaggs and Mr. Clarke are to be congratulated on the result of their bold treatment, which may well be adopted in similar cases uncomplicated by active tubercular disease of the lung or ulceration of intestines. Such cases in the adult are not so very common, and their diagnosis is not always simple; but that the local tubercular process may be quite arrested and the general condition of the patient vastly improved by local drainage (aided, of course, as Mr. Parker pointed out, by general treatment) have been amply shown.

FEVER IN LONDON.

THE number of cases of scarlet fever admitted into the hospitals of the Metropolitan Asylums Board during the week ending October 28th amounted to 268, being seven below the number admitted during the preceding week. Speaking generally, there is no abatement of the epidemic, and this view is confirmed by the experience of the first few days of the present week. On Monday the admissions were sixty-four, and on Wednesday morning the total number of cases of fever in the hospitals was 2561, this being the greatest number that has been under treatment in these hospitals during any period of the epidemic. Of this number 162 were enteric, whilst 25 were cases of other diseases. Huts are still being erected on the vacant ground in connexion with the various hospitals. The cases of small-pox were received from the districts of Limehouse and Whitechapel.

OUR NATIONAL PHYSICAL TRAINING.

IF learning were the sole aim of education, life would shortly become a mere competition between different degrees of intellectual capacity. Such it is and must be in a measure, but such it cannot ever entirely be so long as will and character maintain a ruling influence in the affairs of life. The true purpose of teaching is, therefore, to implant not only a knowledge of facts, but a method of thinking correctly, a balance and soundness of mind, and an aptitude for practically applying what is learnt. All through the world, knowledge and purpose, theory and practice, mind and body, have wrought together wherever the energies of man have come to their highest development and have achieved their greatest success. All methods of education, accordingly, must, in order to attain successful results, aim at producing not merely intelligent but capable men and women. The healthy mind in a sound body is still a primary consideration, and it is in recognition of this principle that we cordially support every endeavour to combine with the mental training of school a due amount of physical exercise. To arrive at this desirable end, however, particular efforts are very necessary in the case of city-bred children, though they may be comparatively needless in rural districts where Nature herself may be said to labour effectively in the cause of recreation. It is, in our belief, advisable not only that children so placed should have the opportunity afforded them of improving their muscular tone, but that they should be directly assisted by some system of training appropriate to the end in view. No elaborate process is needed, but there should be some

direct encouragement, including a duly regulated obligation to take part in the exercises and the giving of a few prizes. For adults, who are "but children of a larger growth"—and we do not exclude women,—there is not the same need of systematic training; but for them also the value of regular muscular exercise is hardly less. Happily, the increasing public interest in diversions of this class, and the multiplied variety in which these may be enjoyed, argue well for the future. We note with satisfaction that the Earl of Meath, speaking at Liverpool on the subject, impressed the duty on the School Board authorities and the Government supporting them of making provision for methodical physical training in schools. The suggestion is a very pertinent one, and will not, we hope, fail to receive that attention which it deserves in influential quarters.

CHOLERA IN SICILY.

AN Italian correspondent writes:—"From Palermo I hear that to-day (October 27th) the Minister of Public Instruction has authorised the reopening of the Palermitan University for the winter session, and that by the same authority all the public schools in the city and province will likewise resume work. This he has done on the representation of the Board of Public Health, which is now perfectly satisfied that for the present year at any rate cholera has disappeared from western Sicily. The only sanitary regulation that still remains in force relates to the cemeteries, which will be closed to the public till after All Souls Day, when multitudes of the friends and relatives of the deceased are accustomed to flock to the graves, and often to linger beside them all night in prayer, and in other demonstrations of grief, sometimes ecstatic in its outbursts. As to the rest of the island, sporadic cases of cholera are reported as occurring now in this commune, now in that, but none of these have been officially certified, and it is more than probable that by the close of the month the permission accorded by the Minister of Public Instruction to Palermo and Trapani will also include Catania, Messina, and others of the cholera-visited centres in the east of the island."

THE TELEPHONE IN MEDICAL TREATMENT.

THE very common use of the telephone in the business world affords a sufficient guarantee that, in spite of occasional difficulties, inconveniences, and failures in its working, there remains a substantial balance of advantage. The facilities which it has introduced into the ordinary course of domestic life have also been considerable, though the time is probably yet far distant when even the majority of households will possess the luxury of a telephone communication. In the emergencies of illness, particularly, there is much to be said in favour of this mode of intercourse. It is, above every other, simple, swift, and safe, and must commend itself alike for the expeditious conduct of practice and the treatment of disease. In the management of joint medical practices which cover a considerable area it is very obviously useful. Of its proved value in cases of special urgency, we need say little. A particular interest, however, attaches at the present time to what is probably its latest application. This is its employment as a part of the system of isolation, so imperative in the management of infectious illnesses. We are informed that one of the effects of the recent scarlatinal outbreak in the metropolis has been to establish in some instances an in-door telephone system, which, without the slightest risk of infection, brings a patient, so to speak, within touch of his friends and relatives. Whether this is to be an unmixed advantage must of course depend upon the discretion of those concerned. Rightly used, it may even prove a boon of some considerable curative influence. A certain gain which it confers is of course the comparative leisure allowed to attendants on the sick. There is no answering bells to find out what is needed, the door of the sick-room is less frequently opened, and fatigue generally, as also the risk of infection, is materially lessened. The value of this form of communication in hospitals is obvious. We would suggest its more general adoption were it not that we fear that in many cases the cost might prove a barrier. It would be easy to speak at greater length upon this topic, but it is hardly necessary when the public already recognise, at least in theory, the position of this useful invention among the amenities of life.

BACTERIOLOGY AND PRACTICAL MEDICINE.

THE following interesting survey of the position of bacteriology with respect to medicine is transcribed from the *Centralbl. für Bacteriologie* (No. 18). It appears as an abstract, by Dr. Bujwid of Warsaw, of papers by Dr. Hoyer in the Polish journal *Gazeta Lekarska*. The author, who was the first to commence working at bacteriology in Warsaw, discusses the changes which medicine has undergone by the study of the parasitic origin of infectious diseases, and arrives at the following results:—All researches hitherto undertaken have aimed at learning the excitants of disease; very many of them have been discovered, and many have been profoundly studied, so that the cause of nearly all infectious diseases has been made known; but bacteriology has hitherto confined itself to these limits. Practical medicine in the more limited sense—prophylaxis excepted—has gained very little therefrom, but it may be hoped that the medicine of the future will play quite a different part, in consequence of the deeper knowledge of the various bacteria and their properties. Many purely empirical drugs will be rejected, and in their stead will be employed those which bear directly upon the morbific agent, or which act by strengthening the resistance of the organism. Unfortunately many questions still remain open. We know for instance, very little of the way in which bacteria influence the physiological life of the organism. We cannot as yet determine why many micro-organisms which are introduced into the body in enormous quantities with water, air, or food do not give rise to derangements, or in what manner the really harmful organisms disappear from the blood or organs of some animals. Of great importance for the practitioner are the facts that similar groups of diseases can be excited by wholly different micro-organisms. Abscesses are produced, for instance, by the action of staphylococcus aureus and albus, streptococcus pyogenes, micrococcus tetragenus, and others. Erysipelas following wounds depends not only on the streptococcus erysipelatis of Fehleisen, but also on other streptococci and micro-organisms. Pneumonia is not only excited by Friedländer's pneumonococcus, but also by other bacteria. Two very similar diseases—cholera asiatica and cholera nostras—arise from two very different kinds of bacteria. There are other facts of still greater importance, such as mixed infections. Rosenbach found many very different bacteria in the same abscess. The same is the case with septic infection of wounds. Similarly, as Wiegandt has observed, a kind of streptococcus is occasionally associated with tubercle bacilli. Dr. Dunin has shown that certain complications of typhus depend on the presence of other bacteria &c. When all these questions are solved, then our system of diseases will also be changed; we shall then no longer group them according to symptoms, but causes. There still remain many such questions unsolved. We do not know, for example, upon what depend the different results of experiments on animals when we inject small or large quantities of bacteria. Lastly, we also know very

little of the reason why individuality plays so large a part in the manifestation of disease. Very interesting but unexplained is a research pursued by Wyssokowitsch. He found that bacteria which had no effect on healthy animals excited diseases in other animals whose organism was slightly deranged. Thus injections of staphylococcus excited endocarditis in animals whose heart valves were injured. When all the foregoing and many like problems are solved, then it will become more easy to employ bacteriology in practical medicine, and then we shall learn to estimate rightly the great value of this new study.

BELGIAN JUDGES ON THE VALUE OF MEDICAL SERVICES.

BELGIAN judges would seem to entertain a very poor appreciation of the value of a medical man's time and services, if we may judge by a case that has recently been tried at Louvain. A medical man in country practice, having attended a wealthy old bachelor for some five months before he died, sent in his account to the executors, who disputed it as exorbitant, and so the doctor was compelled to endeavour to recover his fees by an action in a court of law. The account amounted to 1175 francs (£47), which comprised thirty-eight consultations with a Brussels physician at 20 fr. (760 fr.); fifty-six day visits at 5 fr. and five night visits at 10 fr. (330 fr.); medicines, 85 fr. The defendants denied that the visits with the physician were consultations, and they offered 2 fr. for each day visit and 3 fr. for each night visit. The court, however, "considering that the patient lived three miles from the doctor, who was obliged to make visits at definite predetermined hours along with a colleague from Brussels, and that night journeys, especially in winter, are troublesome," decided that "day visits might be equitably fixed at 2·50 fr. and night visits at 5 fr."; so that all that was allowed the unfortunate practitioner was 235 fr. for ninety-four day visits, 25 fr. for five night visits, and 85 fr. for medicines (the only item which was not disputed), so that the total was cut down to 345 fr. (£13 16s.)—a magnificent remuneration, indeed, for such an attendance! A cab-driver would certainly expect more for a similar number of journeys.

ENTERIC FEVER AT BURNRIGGS.

ALTOGETHER, some thirty cases and four deaths have occurred during the prevalence of enteric fever at Burnriggs; and it is stated that the disease is due to pollution of the drinking-water. It is certainly discreditable to find that so many outbreaks are brought about by conditions the removal of which should form part of the current sanitary work of districts. But we fear that there are in the Carlisle rural district many spots where sanitary reform is needed, for it is locally alleged as a reason for inspection by the Government that fever of some kind is nearly always present. The only satisfactory feature of the story is the abundant private help that is being given to the sufferers and their families.

METHODS OF PRODUCING CHLORINE.

PROFESSOR J. CAMPBELL BROWN recently exhibited at the Society of Chemical Industry in Liverpool a new form of apparatus for producing chlorine when required for disinfecting and other purposes. Balls of hypochlorite of lime and gypsum are treated with hydrochloric acid, the supply of which is regulated by the pressure of gas in the generator. Dr. Hamburger has used for this purpose a large flask filled with hot hydrochloric acid, into which a solution of chlorate of soda is allowed to drop by means of a capillary syphon.

THE PATHOLOGICAL SOCIETY.

As will be seen from the report in another column, the meeting of the Pathological Society last Tuesday was rich in interesting matter. Mr. Treves added one more to the list of examples of tumour formation on the site of the branchial arches, his case presenting some noteworthy features. Mr. Bland Sutton's case of "Spina Bifida Occulta" was particularly suggestive, not only from the confirmation it gave to Neugebauer's view of the production of spondylolisthesis, but even more from the remarkable concurrence of numerous malformations of the gastro-intestinal tract (including atresia both of the pharynx and of the anus), with defect in the spinal cord. Mr. Sutton held that such association told strongly in support of the view, which he has elaborated in detail elsewhere, of the common origin of the cerebro-spinal axis and the alimentary tract. The exhibition of diseased adrenals from two well-marked cases of Addison's disease by Drs. Sainsbury and S. West elicited from Dr. Wilks the emphatic reiteration of his belief that the affection is an "essential disease of the suprarenal bodies," and not the result of an "adventitious product, like tubercle"; and he claimed as supporting this view the fact that in Dr. Sainsbury's case one of the capsules had undergone almost entire atrophy. Mr. Eve reopened the subject of the nature of scrofula, and related inoculation experiments in disproof of the conclusion arrived at by Arloing that there is an essential difference between the scrofulous and tubercular virus. His suggestion that the terms "struma" and "scrofula" should be wholly discarded from the nomenclature has been practically adopted for many years, most pathologists fully concurring in the tubercular nature of so-called scrofulous lesions; if the old terms are retained, they certainly no longer bear their old significance. Cohnheim, Friedländer, and Koch have done much to break down the distinction; and it is six years since at the London Congress the like doctrine was urged by Dr. Grancher, Mr. Treves, and others. Far more novel were the interesting results related by Dr. Wooldridge of the experimental production in dogs of multiple portal thrombosis by the injection into the jugular vein of a small quantity of a proteid substance, which has the remarkable power of causing coagulation within the body. The effect on the liver was to produce areas of hæmorrhage, which were not unlike "hæmorrhagic infarcts" in other organs, although Dr. Norman Moore questioned the appropriateness of the use of that term in connexion with them. The secondary effects included coagulative necrosis of the hepatic cells, fatty degeneration, and cirrhosis. Dr. Wooldridge stated that his inquiry was still in a preliminary stage, but considered that it pointed to the influence of blood stasis in the production of organic lesions, which may come to have a very wide application.

DRINK LEGISLATION IN AUSTRIA.

THE Austrian Government have, it is stated, introduced into the Reichsrath a strong measure for the prevention of drunkenness. The reason alleged is the alarming deterioration in the physique of young men enrolled for military service, owing to the spread of spirit drinking amongst the humbler classes. It will be interesting to see if the provisions of this measure are accepted. They would be difficult to carry in this country, where freedom even to get drunk is still jealously guarded. Spirit shops are to be closed at five on Saturday afternoon, and to remain so till five on Monday morning. Ordinary storekeepers are not to be allowed to sell spirits, the sale of which is to be restricted to public houses, confectioners, and specially licensed stores. Dealers serving spirits to intoxicated persons are to be liable to arrest or fine. No debt for spirits consumed on the premises

can be recovered by law if the amount exceeds the value of five litres. The magistrates are empowered to forbid retailers to serve spirits to habitual drunkards for any period up to twelve months. Similar legislation already exists in Galicia. The proposal now is to extend it to all Austria. The preamble of the measure sets forth that it is a direct outcome of the Hygienic Congress. It is a striking illustration of the impotence of our own Parliament that no legislation for the restriction of our enormous drinking habits has any chance of being entertained.

ST. JOHN AMBULANCE ASSOCIATION.

IN the annual report of the English Chapter of the Order of St. John of Jerusalem, a number of instances are given of the valuable "first aid" which has been afforded during the year by men who have gone through a course of instruction in the ambulance classes. Suggestions are offered for the raising of local funds to meet the expenses connected with an extension of the system in the mining districts, where accidents are almost of daily occurrence. Provision is made in the Mines Regulation Bill for stretchers and bandages being kept in readiness. But "to have really efficient ambulances requires not only proper appliances, but also willing workers, and it rests with the men themselves to make the movement thoroughly efficient and successful." There can be no doubt that the instruction which has been given under the auspices of the Society has been in a marked degree useful, and especially in the case of the police and of railway *employés*. The report also gives some details of the work done during the year by the Invalid Transport Corps for the conveyance of sick and injured persons (infectious cases excepted). They rendered valuable aid at the India and Colonial Exhibition and the International Exhibition at Liverpool, and this year they have had a station at the American Exhibition. Briefly, it may be stated that between July 31st, 1886, and July 31st, 1887, 290 invalids have been removed from one place to another by the corps, an increase of 116 over the number conveyed in the previous year. Reference is also made to the services rendered by the corps on the occasions of Her Majesty's Jubilee, the children's Jubilee celebration in Hyde Park, the march past of the Volunteers at Buckingham Palace, the laying of the foundation stone of the Imperial Institute, and the Lord Mayor's Show. The utmost credit is due to the members of the committee for the successful manner in which these works of kindness have been performed.

CHLOROSIS AND HEART DISEASE.

EXCESSIVE anæmia being present, and the heart not being hypertrophied, the diagnosis of the cause of heart murmurs is frequently very difficult. M. Duclos has returned to this battle-field of clinicians, and sums up his conclusions in the following propositions:—In true chlorosis, no matter the number and site of the cardiac murmurs, the basic murmur is never absent, and is most often systolic. In true chlorosis the carotid murmurs, varied and more or less marked, are always present. In genuine chlorosis the bruits are generally more intense and more extensive than in heart disease, and are markedly out of proportion to the circulatory disturbance; further, the cardio-pulmonary circulation remains free, and any disturbance in it indicates the persistence of a valvular lesion, and generally of the mitral valve. We do not join issue with M. Duclos in the general tone of his arguments, which are sound enough so far as they go; but the most frequent clinical difficulty is not so much the differential diagnosis of severe chlorosis from heart disease, as it is the distinction or discovery of valvular lesion in the presence of less marked anæmia.

VOLUNTARY EARLY CLOSING AND SIR JOHN LUBBOCK'S BILL.

A PAMPHLET published recently by "An Old Bristol Shopkeeper" contains a vigorous protest against Sir John Lubbock's prospective Early Closing Bill, by which 8 P.M. will be fixed as the closing hour for shops in general on every day but Saturday. The author contends that this arrangement would practically cripple the trading opportunities of small dealers, who depend largely upon a late class of customers. He regards as bogus tales the bad effect on health attributed to the present system of shop management, and asserts that what is really ruinous is not the protracted duration of work, but its concentrated intensity, and the mismanagement or waste of leisure intervals in book-reading or exciting amusement, assisted by constitutional delicacy in the individual. He states also that the hard and exacting employer is no true type of his class, as the complaining assistant is not the representative of his; and that shopkeepers are, as a rule, favourably disposed to a voluntary early closing system. We are pleased to see that he is inclined to allow to assistants timely opportunities for physical recreation, and we heartily agree with his general statement that we may easily, but must not, have too much law on the subject. We cannot, however, while fully admitting the shrewd good sense of many of his observations, accept his views as affording a sufficient basis for the settlement of this question. He appears to have suffered but little in his own person from the evils of overwork, and consequently thinks little of them. He does not recognise the fact that the disinclination of shopkeepers to act independently retards very materially the progress of voluntary reform, that some combining stimulus appears to be needed, and that meanwhile assistants, who are comparatively at their employer's mercy, work for excessive periods without option for that employer's advantage, and undoubtedly suffer in consequence, physically and mentally. The case with Sir John Lubbock is not one of capricious law-making, and his measure, when it passes, will, we doubt not, be found to be sufficiently elastic to allow for the satisfactory expansion of trade, while restraining its tyrannical exactions. We agree with "An Old Shopkeeper" that voluntary efforts after improvement must be allowed full justice, but we would also take heed that meanwhile the feverish hurry of trade is not suffered to destroy the health upon which we build our hopes of this and the coming generation.

VACCINATION WITH CALF-LYMPH.

A CORRESPONDENT, writing to the *Echo*, complains that his child was vaccinated at the Animal Vaccine Establishment, and that five weeks afterwards an eruption appeared on the arms and legs. The child was received into St. Thomas's Hospital, where it has subsequently recovered. From inquiries we have made it appears that the child has suffered from an eruption due to bromide of potassium, and this circumstance has been fully explained to the parents, but to this the father makes no reference. The case is illustrative of the kind of efforts which are made by those opposed to vaccination to discredit this operation.

THEATRES AND HOSPITAL SUNDAY.

ACCORDING to a contemporary, the theatres have come to the help of the churches to swell the amount of Hospital Sunday collection in Birmingham. We also noticed that in that liberal town the Jews had arranged to hold a service on the Sunday so as to be in harmony with their Christian fellow-townspeople. Such facts really excite the conviction that great religious instincts are common to classes and creeds that are too apt to regard each other as practically

opposed. In the theatres the orchestras combined to provide a suitable musical service, and the Rev. Arthur Mursell lectured. Why should London not in this, as in other matters relating to Hospital Sunday, follow Birmingham?

H.I.H. THE CROWN PRINCE OF GERMANY.

WE learn, from trustworthy authority, that the inflammation of the larynx of His Imperial Highness is less in degree and more limited in extent. The voice is clearer and stronger. The general health of the Crown Prince is excellent. His appetite is good. He sleeps well, and takes walking exercise daily when the weather admits. He leaves Baveno this week for Villa Zgirio, San Remo. We hear also that both Prince William and Prince Henry were much pleased with the improvement in the Crown Prince's voice when they visited him on the occasion of his birthday.

SIR R. RAWLINSON ON SANITATION.

SIR ROBERT RAWLINSON turned to good account his opportunity at the municipal banquet given by the Mayor of Stratford-on-Avon. He reminded his hearers that the town had suffered severely from fever in past times, and that it was believed Shakspeare had died from the insanitary conditions surrounding him; and he pointed out that it behoved the residents of Stratford-on-Avon, to which all the English-speaking world came, to make it perfect in all its sanitary arrangements. In England, he said, local authorities were not coerced by a central government; municipal institutions were the foundations of an Englishman's liberty, but it was the more necessary that they should do their best to perfect them. Sir Robert Rawlinson's words should be taken to heart; it is often said that local government is on its trial, and there are many who are too glad to see in its failures reason for altering our method of administration. It is by the exercise of the powers they possess, and by the improvement of districts under their control, that these authorities can best justify their existence.

THE MOXON MEMORIAL.

A MEETING of the committee of the Moxon Memorial was held at the Royal College of Physicians on Tuesday, Nov. 1st, Sir William Jenner in the chair. The treasurer, Mr. Clement Lucas, stated that the subscriptions amounted to £643 8*s.* 6*d.*, and the expenses of printing, postage, and advertising to £32 11*s.* 8*d.*, leaving for the disposal of the committee a sum of £310 16*s.* 10*d.* It was proposed by Sir Dyce Duckworth, and seconded by Mr. Sydney Turner, that £105 should be devoted to the erection of a suitable memorial of Dr. Moxon at Guy's Hospital. It was proposed by Dr. Pavy, and seconded by Mr. Durham, that the remainder of the sum collected (amounting to upwards of £500) should be offered to the Royal College of Physicians to found a Moxon Medal; and it was further suggested that it appeared most appropriate to found a gold medal, to be conferred every third year upon one distinguished for clinical observation and research, whether in medicine or surgery, similar to the Baly Medal in physiology. These resolutions were carried unanimously. After a vote of thanks to the President, the meeting adjourned.

EPIDEMIOLOGICAL SOCIETY.

THE first meeting of this Society for the session 1887-88 will be held at the rooms of the Medical Society in Chandos-street, Cavendish-square, W., on Wednesday the 9th inst., at 8 P.M., when the President, Dr. Thorne Thorne, will deliver the inaugural address, on the Progress of Sanitary Medicine during the Victorian Era.

SIR WILLIAM GULL.

WE are glad to be able to report continued improvement in the condition of Sir William Gull. His strength is now equal to sitting up for a short time daily.

PARENCHYMATOUS NEPHRITIS IN CHILDHOOD.

AUTHORS are not in accord on the subject of the frequency of chronic parenchymatous nephritis in childhood. Many have maintained that the affection is a rare one, and some hold that it is by no means uncommon. Satisfactory statistics on the question are still a desideratum. Baginsky and Ferreira are two of the most recent authors who believe that the disease is not infrequent. The latter considers that diseases of the skin, especially of an impetiginous or ecthymatous character, and involving an extensive cutaneous area, are frequent causes of this form of Bright's disease. The treatment which has proved of most value was the use of astringents of tannin, perchloride of iron, iodide of starch, and diuretic salines, which agents increase the quantity of urine and diminish the albuminuria. Rectal injections of cold water were also employed with benefit; and inhalations of oxygen should not be forgotten, according to Jaccoud and Ferreira.

ST. THOMAS'S HOSPITAL.

AT the Bacteriological Laboratory at this hospital, under the direction of Mr. Ballance and Mr. Shattock, experimental inquiries are still being conducted. It is proposed to remove the apparatus to a larger and more commodious apartment, but no special licence has been granted for experiments on animals. It is now two years since the formation of this laboratory, and much good work has already been done in connexion with it.

PHTHISIS AND CONTAGION.

IN an article in *La Clinique* on the "Contagiosity of Tuberculosis," by MM. Destrée and Slosse, it is stated that from inquiries and observations made in Dr. Desmeth's wards during the present year it was found that, of fifty patients suffering from tuberculosis, contagion could be regarded as an undoubted etiological factor in twelve, heredity in thirty; no cause could be traced in the remaining eight. The two factors, the authors say, are frequently present, and it is difficult to determine to which of them the preponderating influence is to be ascribed.

ARCHANGEL MEDICAL SOCIETY.

WE do not often hear anything of medical matters on the shores of the White Sea. There is, however, a little band of hard-working practitioners in that inhospitable region, who some twenty years ago formed themselves into a Medical Society, which now comprises twenty-eight medical members, twelve of whom are resident in Archangel itself. In the volume of proceedings which has just been published there is an address by the president, Dr. Kosmovski, on the importance of bacteriology to medical statistics, a paper on a sulphur spring of which the town boasts, and a number of statistics of disease in Archangel during the first half of the present year.

DEATHS OF EMINENT FOREIGN MEDICAL AND SCIENTIFIC MEN.

THE deaths of the following foreign medical and scientific men are announced:—Señor Dr. Don Rafael Ariza y Espijo, founder of the Institute of Operative Therapeutics, Madrid, a distinguished Spanish laryngologist, and author of an important monograph on Laryngeal Tuberculosis.—Dr. Leo Zenkovski, Professor of Botany in Kharkoff.

THE LATE DR. PANTALEONI.

IT is proposed to erect a monument in memory of the late Dr. Pantaleoni of Rome in his native town of Macerata, and it has been suggested that some of his many friends in this country may like to subscribe to it. Small subscriptions, we are assured, will suffice, for names more than moneys are desired. Contributions towards the carrying out of the project may be sent to the Marchesa Alessandre Costa, Macerata, Italy.

FOREIGN UNIVERSITY INTELLIGENCE.

Kiel.—Count Ferdinand von Spee, *privat-docent* in Embryology and Physiological Anatomy, has been appointed to the post of Prosector of the Anatomical Institute, in succession to Professor Pansch, who was lately drowned.

Leipsig.—Dr. Freitag has qualified as *privat-docent*.

THE Vaccination Department in Belgium has issued a circular, addressed to those who use the department's lymph, stating that during the great heat of the summer months this year the vaccinations performed with the calf lymph supplied by it had not been as successful as usual, and that this had been observed in Stockholm, Linz, Elberfeld, and other places abroad, as well as in Belgium. The director thinks that the unfavourable conditions are now past, and is confident that the vaccine he is now able to supply is quite as efficacious as usual. He suggests, however, that in future medical men will do well to avoid as far as possible arranging vaccinations for the months of June, July, and August.

MR. WYNNE E. BAXTER, coroner of the Eastern Division of Middlesex and for the county of Sussex, has forwarded a request to the Lord Chancellor to exonerate him from the latter office. The action is an unusual one, and the decision of the Lord Chancellor will be awaited with some curiosity, for while precedents are not wanting where the freeholders of a county have petitioned the Lord Chancellor to remove a coroner from office, there is no case on record where the coroner of his own motion has adopted a similar course.

IN the Chancery Division of the High Court of Justice on the 28th ult., Mr. Justice North refused to grant an application to strike out the claim in an action brought by several governors of the Glamorgan Infirmary against the committee of that institution, relating to the recent election of an honorary ophthalmic surgeon.

WE would draw attention to the three female scholarships to St. Anne's Society, the nomination of which is in the hands of the Council of the Royal Medical Benevolent College. Application must be made to the office of the College, 37, Soho-square, London, not later than Nov. 7th. Particulars will be found in our advertisement columns.

THERE were 103 members present at Charing-cross Hospital when Mr. Bellamy delivered his post-graduate lecture on Abdominal Surgery. As the class now numbers 125, Dr. Mitchell Bruce will be assisted by three of his colleagues to-day (Friday), when he gives his lecture and demonstrations on Diseases of the Heart.

AT the Clerkenwell Police Court on the 2nd inst., an order was made for the removal to a hospital of three children suffering from scarlet fever. The father of the children, it was stated, was a tailor, and, with the consent of his employer, was still engaged in his trade.

SMALL-POX is reported to be prevailing to an alarming extent in Sheffield. The public fever hospital is full of patients and many are waiting to enter. The corporation have established a convalescent hospital, and are making preparations for the erection of a temporary hospital outside the town.

MR. WHARTON JONES, F.R.S., contributes to the *Irish Ecclesiastical Gazette* of Oct. 15th, a brief notice of the beginnings of the School of Physic in the University of Dublin. The article, which is also published separately, will have interest especially for members of the profession in the sister isle.

M. PASTEUR'S health is said to be still in an unsatisfactory condition, so much so as to necessitate confinement to his house.

DR. BERNARD KRAUS, chief editor of the *Allgemeinen Wiener medizinischen Zeitung*, died on the 28th inst., aged fifty-nine.

IN the current number of *Illustrations* appears an excellent portrait of the late Dr. Wilson Fox, accompanied by a biography.

HEALTH OF CALCUTTA.[1]

FROM the annual report of the health officer of Calcutta for 1886—the first drawn up by Dr. W. J. Simpson—it appears that the death-rate for the year was only 26·4, being lower than any recorded for the last ten years except that for 1880, and 3·1 under the average of the decade.[2] But Dr. Simpson very fairly remarks that this low rate is in a great measure "due to the fact that the population of Calcutta is largely an immigrant one, and for the most part at an age when the chances of life are at their best. The census figures show that more than half the population are in the full vigour of manhood and womanhood, and that the majority, when they become seriously ill, leave Calcutta for their homes." The death-rate of females is higher than that of males, being respectively 33·7 and 22·7 per 1000 living. The mortality of infants under one year is 404 per 1000, and it is stated that one-fourth of these deaths occur "within fifteen days of their birth, and nearly 90 per cent. of these are registered as dying from tetanus." A table in the report shows the deaths under one year to have been 498 per 1000 of Mahomedans, 405 of Hindoos, 175 of Christians, and 380 of other classes. "To be placed against this great infant mortality is the fact that at the Eden Hospital, where ordinary sanitary arrangements exist, the mortality from tetanus is *nil*."

The ratio of deaths above stated (26·4) is that for the town only; in the suburbs it was 40·5 per 1000, being the lowest ratio in the decade, and 9·1 under the average of the last nine years. The months in which the greatest number of deaths occurred in Calcutta were December, November, October, and January, ranging from 1377 to 1077; and the smallest number was 688 in June. Fevers were assigned as the cause of more than one-fourth of the deaths in the town, the ratio being 7·90 per 1000; cholera furnished 4·25 and bowel complaints 2·90 per 1000. In the suburbs the ratios were by fevers 14·2, cholera 7·3, and bowel complaints 6·6 per 1000. There was no great prevalence of cholera during the first nine months, but in October a very severe epidemic began, and lasted till the end of the year. Of 1741 deaths in the town, 942, and of 1845 in the suburbs, 1022, occurred in the last quarter. "The incidence of cholera on European sailors using this port, and who, when on shore, frequent many of the worst parts of the native quarters, often breathing its foul air, and partaking of drinks diluted not always with hydrant water," was very heavy, the death-rate

[1] Report of the Health Officer of the Town of Calcutta for 1886, and Resolution of the Commissioners recorded thereon. (W. J. Simpson, M.D., health officer, Calcutta, 1887).

[2] A subsequent table states the mortality of 1880 at 26·9 and the average at 30·6, instead of 29·5 but no clue is given as to the cause of the difference between Tables V. and X.

being as high as 11·1 per 1000. Some details with reference to the parts of the town and suburbs in which the epidemic prevailed are given, with illustrative maps. Only 15 deaths from small-pox occurred during the year. Every precaution was taken to prevent the spread of the disease by vaccinating the unprotected in the neighbourhood and revaccinating a large number of persons who had come in contact with the infected.

Dr. Simpson, in his report, has gone at some length into the subject of the defects in the present system of registration of deaths, the need of new building regulations, the "regulating powers in the Municipal Bill being of such a general character that they admit of nothing practical," the disposal of refuse, the material for filling tanks, the need of systematic inspection of premises, and of systematic inquiry into disease. For the latter purpose it is obvious that an organised sanitary staff is necessary, similar to that which was employed during the prevalence of cholera but subsequently discontinued by the Commissioners on the score of economy. The inspection of food brought to the markets has been carried on successfully, and in October an Adulteration of Food Act was passed, which promises beneficial results. This appears to have been much required, for of seventy-one samples of ghee which were examined thirty-seven were found adulterated. The hydrant water was tested regularly, and found to be of good quality; but it was very different in the case of the tank waters, of which seventy-three were examined, "and all pronounced to be unfit for use of any kind." Notwithstanding all that has been done of late years, for which the Commissioners are entitled to much credit, there is evidently still great need of, and room for, extended sanitary improvement both in the town of Calcutta and the suburbs.

Public Health and Poor Law.

LOCAL GOVERNMENT DEPARTMENT.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Parish of Lambeth.—Dr. Verdon gives an interesting account, in his annual report for 1886, of the conditions under which mortality has steadily for many years past diminished in the southern parishes of the metropolis, and he points out that the rate for Lambeth last year was 19·2 per 1000. Referring to causes of death, he relates an important circumstance in connexion with St. Thomas's Hospital. A child, having been injured in the Westminster-bridge-road, had to remain for several weeks under treatment in that hospital, when suddenly it was seized with a fatal attack of diphtheria, for which no cause could be ascertained. A month later a boy was taken to the same hospital, and, after partial recovery from an operation he had undergone for hernia, he, too, was attacked with diphtheria, and died. Within a period of eight months seven cases of a like nature received into the hospital for operation or from accident died of diphtheria, and, according to Dr. Verdon, the cause remains a mystery. He, however, is inclined to associate the occurrences with the precipitated filth which at low water is exposed beneath the windows of the hospital; and he presses for some adequate solution of the vexed question of the proper disposal of the metropolitan sewage. Summer diarrhœa was above the average last year as a cause of death, 240 fatal attacks being recorded; and, having regard to the changes which milk so rapidly undergoes, he advises that parents should never feed their children with milk that has not been boiled. We would go further, and urge the same precaution in the case of adults. The current sanitary work of the district shows progress in the removal of conditions favouring nuisance and ill-health. Disinfection is well carried out, and some substantial work was done under the Sale of Food and Drugs Act, penalties and costs having been obtained in twenty-three cases.

St. Luke's.—In this metropolitan district the deaths for 1886 were at the rate of 22·8 per 1000, the birth-rate being 38·8 per 1000. A statement is given as to infectious diseases, and the vaccination officer and inspector of nuisances give the results of the working of their respective departments. Dr. Yarrow points to the need for efficient means of disinfecting and destroying infected articles, and he explains that a house-to-house inspection has been systematically carried out. The report is mainly statistical, and it is interesting for local rather than general purposes.

Wolverhampton Urban District.—Dr. Malet shows in a convincing way the great advantages that have followed on early isolation in the borough infectious hospital of cases of the various specific fevers, and, by comparing the east and west districts of the borough, he is able to show that the east, which uses the hospital most, is the one that has had the greatest immunity from the spread of these fevers, and this although that district presents greater facilities for the extension of an infectious fever than does the west. Diarrhœa was very prevalent in the summer of last year, and Dr. Malet in discussing its cause very wisely sets aside the question of fruit being plentiful as a food. The fact is that fatal diarrhœa is, in most places, mainly prevalent at an age that forbids the notion of fruit being an element of any importance in determining the cause. An air containing emanations from midden-privies or from a soil which has been saturated with sewage and slop refuse is a far more potent cause, and one that needs removal in the interests of more than one preventable disease. The corrected death-rate for 1886 is 21·3 per 1000.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

In twenty-eight of the largest English towns 5699 births and 3808 deaths were registered during the week ending October 29th. The annual rate of mortality in these towns, which had risen from 17·5 to 19·8 per 1000 in the preceding three weeks, further increased last week to 21·5. During the first four weeks of the current quarter the death-rate in these towns averaged 19·2 per 1000, and was 1·2 below the mean rate in the corresponding periods of the ten years 1877-86. The lowest rates in these towns last week were 13·1 in Leicester, 15·1 in Hull, 15·2 in Halifax, and 15·6 in Plymouth. The rates in the other towns ranged upwards to 25·0 in Manchester, 25·1 in Bolton, 26·8 in Blackburn, and 32·1 in Preston. The deaths referred to the principal zymotic diseases in the twenty-eight towns, which had been 382 and 392 in the preceding two weeks, further rose last week to 464; they included 138 from scarlet fever, 76 from measles, 68 from whooping-cough, 65 from diarrhœa, 50 from "fever" (principally enteric), 45 from diphtheria, and 22 from small-pox. These zymotic deaths caused the lowest death-rates last week in Leicester, Plymouth, and Halifax; and the highest rates in Sheffield, Birkenhead, and Bolton. The greatest mortality from scarlet fever occurred in Manchester, Bristol, Huddersfield, Preston, and Birkenhead; from measles in Bradford, Blackburn, Bolton, and Derby; from whooping-cough in Wolverhampton; and from "fever" in Derby and Bolton. The 45 deaths from diphtheria in the twenty-eight towns included 31 in London, 3 in Liverpool, 3 in Salford, and 2 in Huddersfield. Small-pox caused 19 deaths in Sheffield, 1 in London, 1 in Bristol, and 1 in Birmingham. Ten cases of small-pox were under treatment in the metropolitan hospitals receiving cases of this disease, showing a further increase upon recent weekly numbers; while the number of cases of scarlet fever in the Metropolitan Asylums Board hospitals and in the London Fever Hospital had increased to 2532. The deaths referred to diseases of the respiratory organs in London, which had increased in the preceding three weeks from 206 to 370, further rose last week to 485, and exceeded by 108 the corrected average. The causes of 78, or 2·0 per cent., of the 3808 deaths in the twenty-eight towns last week were not certified, either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Portsmouth, Norwich, Wolverhampton, and in four other smaller towns. The largest proportions of uncertified deaths were recorded in Liverpool, Blackburn, Sheffield, and Oldham.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 19·3 and 19·1 per 1000 in the preceding two weeks, rose again to 22·2 in the week ending Oct. 29th; this rate exceeded by 0·7 the mean rate during the same week in the twenty-eight large English towns. The rates in the Scotch towns last week ranged from 15·1 and 17·9 Greenock and Paisley, to 24·3 and 25·9 in Glasgow and Perth. The 554 deaths in the eight towns last week

showed an increase of 76 upon the number returned in the preceding week, and included 26 which were referred to whooping-cough, 19 to scarlet fever, 11 to diarrhœa, 6 to "fever" (typhus, enteric, or simple), 5 to measles, 3 to diphtheria, and not one to small-pox; in all, 70 deaths resulted from these principal zymotic diseases, against 79 and 68 in the preceding two weeks. These 70 deaths were equal to an annual rate of 2·8 per 1000, which exceeded by 0·3 the mean rate last week from the same diseases in the twenty-eight English towns. The fatal cases of whooping-cough, which had been 30 and 16 in the previous two weeks, rose again last week to 26, of which 7 occurred in Glasgow, 6 in Dundee, and 5 in Edinburgh. The deaths from scarlet fever, which had been 23 and 22 in the preceding two weeks, further fell to 19 last week, and included 9 in Glasgow and 4 in Dundee. The 11 fatal cases of diarrhœa included 4 in Glasgow and 4 in Dundee. The 6 deaths referred to "fever," of which 4 occurred in Glasgow, corresponded with the number in the previous week. The fatal cases of measles, which had risen from 2 to 5 in the preceding three weeks, were again 5 last week, and included 2 in Edinburgh and 2 in Dundee. Of the 3 deaths referred to diphtheria, 2 occurred in Glasgow. The deaths attributed to acute diseases of the respiratory organs in the eight towns, which had risen from 87 to 120 in the preceding three weeks, further rose to 124 last week, and exceeded by 22 the number returned in the corresponding week of last year. The causes of 71, or nearly 13 per cent., of the deaths registered in the eight towns during the week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been 27·3 and 24·1 per 1000 in the preceding two weeks, rose again to 32·1 in the week ending October 29th. During the first four weeks of the current quarter the death-rate in the city averaged 26·9 per 1000, the mean rate during the same period being but 18·3 in London and 19·1 in Edinburgh. The 217 deaths in Dublin last week showed an increase of 54 upon the number in the previous week; they included 11 which were referred to scarlet fever, 11 to diarrhœa, 9 to measles, 7 to "fever" (typhus, enteric, or simple), 4 to whooping-cough, and not one either to small-pox or diphtheria. Thus the deaths resulting from these principal zymotic diseases, which had been 36 and 29 in the preceding two weeks, rose again last week to 42; they were equal to an annual rate of 6·2 per 1000, the rate from the same diseases being but 2·5 in London and 2·2 in Edinburgh. The fatal cases of scarlet fever, which had been 11 and 8 in the previous two weeks, rose again to 11 last week. The 11 deaths from diarrhœa exceeded the number recorded in recent weeks. The fatal cases of measles, which had declined from 13 to 5 in the preceding four weeks, rose again last week to 9; the deaths referred to "fever" and to whooping-cough differed but slightly from recent weekly numbers. The deaths both of infants and of elderly persons showed a considerable increase. Seven inquest cases and 2 deaths from violence were registered; and 64, or more than one-fourth, of the deaths occurred in public institutions. The causes of 31, or more than 14 per cent., of the deaths registered during the week were not certified.

THE SERVICES.

Brigade Surgeon Elkington, Grenadier Guards, Chief Medical Officer of the Brigade of Guards, will be placed on the retired list on the 5th instant, under the Age Clause of the Medical Warrant. He will be succeeded as Brigade Surgeon by Surgeon-Major W. R. Lane, of the Scots Guards. Deputy Surgeon-General A. F. Bradshaw replaces Deputy Surgeon-General J. Ferguson in Medical charge at Rawal Pindi.

ADMIRALTY.—The following appointments have been made:—Surgeons John Frederick Bate, John Andrews, and John Eustace Webb, to Plymouth Hospital, for temporary service; Surgeons Edward Ashley Spiller and Edward Henry Meaden, to Haslar Hospital, for temporary service (dated Nov. 1st, 1887); and Mr. John J. M'Nulty, to be Surgeon and Agent at Derkmore.

ARTILLERY VOLUNTEERS.—1st Renfrew and Dumbarton: Surgeon J. W. Taylor is granted the honorary rank of Surgeon-Major (dated Oct. 29th, 1887).

RIFLE VOLUNTEERS.—1st Durham: Surgeon and Honorary Surgeon-Major S. W. Broadbent resigns his commission; also is permitted to retain his rank and to wear the uniform of his Corps on his retirement (dated Oct. 29th, 1887).

THE VOLUNTEER MEDICAL STAFF CORPS.—The London Division: Surgeon and Honorary Surgeon-Major John Hornsey Casson resigns his commission; also is permitted to retain his rank, and to continue to wear the uniform of the Corps on his retirement (dated Oct. 29th, 1887).—The Manchester Division: Shepherd McCormick Boyd, Gent., to be Surgeon (Supernumerary, dated Oct. 29th, 1887).

Correspondence.

"Audi alteram partem."

"THE PRESYSTOLIC MURMUR, FALSELY SO CALLED."

To the Editors of THE LANCET.

SIRS,—Having endeavoured to prove the correctness of the late Dr. Barclay's explanation of the causation of the "presystolic"[1] bruit, in a paper in vol. vii. (1876) of the St. Thomas' Hospital Reports, and in a communication to the Clinical Society last year (vol. xx., p. 1), I was interested in reading Dr. Dickinson's views upon the subject lately published in your journal. I venture to offer this contribution to the discussion of the subject because I think that something more may be said in support of Dr. Barclay's views, and because I am unable to agree with Dr. Dickinson in one point of his argument. I think the matter can be most succinctly put from this point of view (1) by showing that the physical conditions of the valvular mechanism are such that there must be in cases of mitral stenosis a ventricular systolic bruit, distinguishable or indistinguishable by auscultation, having all the characters of the "presystolic" bruit and the same relations to associated diastolic and systolic bruits, and (2) by pointing out that Dr. Barclay's view is confirmed by clinical observations which show that the "presystolic" period of the ventricular systole is sufficient for the production of an audible bruit, and too great to allow the supposition that a bruit running up to the first sound could be produced by auricular contraction.

1. However perfectly the healthy valvular curtains, with their thin membranous edges, may perform their function, rigid and resistant mitral flaps cannot be brought into contact by the ventricular contraction without some reflux of blood, more or less, according to circumstances. The sound produced by this unavoidable reflux, if audible, would be of progressive intensity until abruptly arrested by contact of the curtains, the sound of valvular tension at the moment of closure being accentuated from delay of the contact of the curtains to a later and more active period of the systole. With rigidity of the mitral valves, the first sound must be preceded by a regurgitant bruit, audible or inaudible to an auscultation, having these characters of the "presystolic" bruit, which are those of arrested reflux. The consideration of another feature of the physical conditions shows that this "presystolic" regurgitant bruit would have the other clinical characters of the well-recognised murmur—i.e., its rough, harsh sound and attendant tremor, its distinction by this character from a succeeding systolic bruit, and its fusion with a precursory diastolic murmur when occurring in association with them. The loudness and harshness of the bruit produced at the mitral valve by the comparatively weak force of the blood stream entering the ventricle or running back through the open valve before contact of the curtains is due to the flaps themselves being held away from the ventricular walls by shortening of the chordæ tendineæ, or by cohesion at the cusps, and being thrown into vibration by the fluid stream passing between them. These valvular vibrations are transmitted by the chordæ tendineæ to the apex of the ventricle, and thence to the part of the chest wall in contact with it, where they may be perceptible as audible and sensible vibration limited to that region. Sonorous vibrations of the valvular curtains set up by the inflowing blood stream may be continued by "presystolic" reflux through the still patent valve, and the bruits of influx and reflux will then

[1] The term "presystolic" is here used as equivalent to "pre-systolic-sound."

be fused in a continuous sound like the vibrations of a fiddle-string under the backward and forward movement of the bow. But when the mitral curtains have been brought into contact their vibrations will be arrested or deadened, and the whistling sound of regurgitation through chinks between the closed valves is due to the fluid vibrations of the issuing blood. Hence the difference necessarily existing between a "presystolic" bruit, whether direct or regurgitant, and a systolic bruit of valvular incompetence. The former may be compared to the musical notes produced in a wind instrument by the vibrations of the musician's lips in the mouthpiece, and the latter to the whistling sound produced in it by an inexpert person forcibly blowing into it through firmly compressed lips. It thus appears to me that a consideration of the physical conditions of the valvular mechanism in cases of mitral stenosis shows not only that Dr. Barclay's explanation of the causation of the "presystolic" bruit is that suggested by its most obvious character, but that in every such case there must be some "presystolic" regurgitation which would, if of sufficient duration, produce a bruit having all the clinical features of that bruit.

2. But there are not wanting clinical observations to show that this "presystolic" period of the ventricular systole is of sufficient duration for the production of an audible bruit in such cases. The slowness and deliberation of the heart's action, and the disproportionate lengthening of the interval between the second and succeeding first sound in such cases, when the patients are quiescent, was especially referred to by Dr. Barclay, and is a conservative adaptation of the heart's action to the impediment to its functions. That this is attended by a notable prolongation of the "presystolic" interval of the ventricular contraction appears from the direct evidence of the cardiograph. Tracings taken by Dr. Galabin and by the late Dr. Mahomed from such cases show an unusually long interval between the elevations corresponding with the auricular and ventricular contractions. But that which affords the most conclusive evidence on this point is the occurrence of a bruit at the base of the heart, having the same character and the same relation to the second sound that the "presystolic" bruit has to the first sound. A slight bruit of this kind may be not very uncommonly detected, and has been described by several authors. In a case of congenital disease of the pulmonary valve I have heard a "prediastolic" bruit as distinct and characteristic as a well-marked "presystolic" apex murmur.[2] But the conditions are far less favourable to the production of an audible bruit by reflux during the closure of rigid semilunar valves by the elastic resilience of a tense arterial trunk, than during the closure of a rigid and stenosed mitral valve by the comparatively slow and deliberate contraction of the ventricle commencing from a state of muscular relaxation. Hence the occurrence of a "prediastolic" bruit from thickening of the aortic or pulmonary valves, which can only be regurgitant, implies the proportionately frequent occurrence of a "presystolic" bruit from arrested reflux through a thickened but not wholly incompetent mitral valve.

Dr. Barclay's views thus appear to me to be founded on a basis of physical fact, and to be established by clinical observation. But the alternative view appears to me to be purely hypothetical. There would appear to be no proof that the auricular systole could produce a bruit having the character and rhythm of the "presystolic" bruit, which seems to me a great difficulty. Nor would there appear to be any direct evidence of the occurrence of the auricular systole in such immediate relation with the first sound in these cases, which I think is inconsistent with the indications of the cardiograph. Nor do I think that there are any clinical facts to support that view, which can be shown to be incompatible with the other.

I am, Sirs, yours obediently,

Oct. 24th, 1887. F. CHARLEWOOD TURNER, M.D.

To the Editors of THE LANCET.

SIRS,—I wish to add what little I can in support of the views that were so brilliantly and thoroughly put forward by Dr. Dickinson, because I believe them to be correct; and, if correct, they must prove eventually of some importance in regulating *treatment*, notwithstanding the fact that mitral stenosis can be diagnosed whichever view of the pathology of the murmur be accepted. For, I think, we may take it that every fact in physiology and pathology (morbid physiology as well as morbid anatomy) ultimately becomes of direct value in regulating the treatment of disease. Originally trained in the Edinburgh school, I was an unquestioning believer in the auricular-systolic theory of the production of the so-called presystolic murmur; but a series of cases that have been under my care in the Nottingham General Hospital during the last few years, and which have been followed to the post-mortem room, have compelled me to change my views; and when I read Dr. Dickinson's article I had for some time had a paper on the same subject in preparation,

When a heart is beating from 80 to 100 or more times a minute, the interval of time between the auricular systole and the ventricular systole forms such a small fraction of a second that several causes may make a murmur coincident with the beginning of the ventricular systole appear presystolic. The carotid pulse is sufficiently delayed to make a murmur accompanying the *commencement* of the ventricular systole appear to precede it, especially in a rapidly acting heart. But when the rhythm is ascertained by the finger applied to the præcordia, there is still room for error. In the majority of cases of mitral stenosis, from the time they are first recognised, and in all eventually, the right ventricle becomes dilated and hypertrophied (eccentric hypertrophy). The left ventricle is pushed further and further backwards and to the left, and is very little, and in some cases not at all, in contact with the chest wall. The cardiac impulse is diffused, and is chiefly due to the contraction of the *right* ventricle. Is the systole of the two ventricles quite synchronous in mitral stenosis, and, if not, which precedes the other? The great frequence of reduplication of the second sound shows that the systole of the two ventricles cannot be absolutely synchronous, though the difference may be so slight that it is not easy, or perhaps possible, to detect it by the ear as a reduplication of the first sound, especially as in the great majority of cases the sounds, which are longer than the second sound, would coincide in a great part of their duration. But I am satisfied that in dilatation of the right side reduplication of the first sound is more common than is often taught. I am aware that in reduplication of the second sound the pulmonary is generally said to precede the aortic, and that this precedence and the accentuation are said to be due to the increased vascular tension in the pulmonary circulation. I am not satisfied that the pulmonary does always precede the aortic second sound in reduplication, and although the increased vascular tension accounts satisfactorily for the accentuation, it can only indirectly make the semilunar valves close earlier or later. Even though the walls of the ventricle by their contraction have not succeeded in emptying the cavity, the contraction must have ceased, and the onward flow of blood ceased before the semilunar valves can close. Therefore the period of closure of the semilunar valves depends primarily on the ventricular systole. In mitral stenosis with dilated and hypertrophied right side, there is some reason to think that when the ventricles are contracting asynchronously, as shown by the reduplicated second sounds, and the prolonged, altered, or reduplicated first sounds, the left ventricular systole terminates before the right. The left ventricle, being, if anything, underfilled, has no difficulty in expelling its contents. The right, being overfilled with blood at increased tension, in labouring to empty itself, takes rather a longer time to complete the process. In such a case a murmur accompanying the commencement of the left ventricular systole might appear to precede the cardiac impulse, which was due to the latter part of the delayed systole of the right ventricle. This would not apply so much to the early stage of mitral stenosis, when the dilatation of the right side is not so great, and when the impulse of the left ventricle is fairly defined.

But I think it is reasonable to question whether in coördinating the senses of hearing and touch there may not be some loss of time in appreciating the latter; that is to say, whether the *sound* may not be conducted through the chest wall, stethoscope, and ear, to the brain in an appreciably less time than the movement of the ventricular systole can be communicated through the chest wall to the finger and along the arm to the brain. In a rapidly acting heart, and especially in the murmur in question, we are dealing with very small fractions of time. Another difficulty that has

[2] Clinical Transactions, vol. xx., p. 1.

been frequently recognised, but never hitherto satisfactorily explained, is the large proportion of cases in which the so-called presystolic murmur is absent, and the still larger number in which it is only present during the earlier stage. The absence of the presystolic murmur when the stenosis is most advanced, *and while the auricle is still acting well, as shown by the efficient maintenance of the circulation*, is quite inexplicable on the auricular-systolic theory of the causation of the murmur. On the ventricular-systolic theory its frequent absence is more easily explained.

In the first stage of stenosis, when the segments of the mitral valve are still capable of closing without allowing any regurgitation, there is no murmur, but only a prolonged, altered, first sound, due to the thickening of the segments, and possibly to a partial want of synchronism in the sounds produced by the two sides of the heart. In the second stage, while the valve is still capable of closing, but moves slowly and so allows of some reflux at first, the characteristic presystolic murmur mounting up to the first sound is produced. In the last stage, when from increased rigidity or calcification the valve is rendered incapable of closure, only a systolic murmur indicative of regurgitation, and lasting during the whole systole, is produced; and the first sound is absent. A very good example of the latter condition has recently been under my care. The mitral orifice was reduced to a narrow slit, the margins of which were calcified, and so rendered incapable of closing. There was no presystolic murmur or first sound, but the latter was replaced by a loud systolic murmur, quite indistinguishable from that due to regurgitation from dilatation of the mitral orifice.

Before closing, may I point out that considerable hypertrophy, affecting the left side—though to a less degree than the right—is much more common in mitral stenosis than is usually taught. The duration of the disease is, I think, the chief element which rules the amount of hypertrophy. It is in young subjects and in rapidly fatal cases that there is little or no hypertrophy.

I am, Sirs, yours faithfully,

Nottingham, Oct. 20th, 1887. H. HANDFORD.

*** On the above subject we have received numerous other letters, for which we regret we are unable to find space.—ED. L.

THE CONSUMPTION OF ALCOHOL.

To the Editors of THE LANCET.

SIRS,—When I read your notice on Sir William Roberts's observations on the subject of alcohol I thought that the following extracts from a paper by M. Fournier de Flaix might be considered sufficiently important to find a place in your journal.

Of France, M. de Flaix says that "the birth-rate is less and the mortality greater in the departments where the consumption of alcohol is small; that neither crime nor suicide are in proportion to alcoholic consumption. Thus in the Seine-Inférieure the consumption of alcohol is three times that in the Nord; but suicide is only twice as frequent. In the Pas-de-Calais the consumption is twice as great as that of the Nord, whilst suicide is two and a half times less. In the Seine-et-Oise the consumption is one-half less than that of the Seine-Inférieure, but suicide in the former is twice that of the latter." Comparing different nations, he says, "France consumes less alcohol than the United Kingdom; its birth-rate is less, and its mortality, criminality, and suicide rates are greater. Italy consumes very little alcohol; its criminality is appalling (*effrayante*). Spain consumes three times less alcohol than Italy; its criminality is double. Sweden, Denmark, and Norway, with a population of about one-third, consume four times the quantity of alcohol consumed in Italy, and yet the criminality of the former is very small, whilst that of the latter is appalling (*effrayante*). Russia consumes four times the alcohol of France; its birth-rate is almost double. Thus, all the hypotheses are upset: the most vigorous, the richest, and the most moral of the nations are those which consume most alcohol. The prediction that alcohol will destroy civilisation and the human race is not supported by facts. If France, whose vitality is undergoing a crisis, were amongst the nations who consume most alcohol, she would serve as an excellent argument; but the consumption of alcohol by France is moderate, and it has been established already that those parts of France are the most vigorous where the consumption of alcohol is greatest. Alcohol is not, then, a scourge which threatens the European race with the fate of the Oceanic races, inasmuch as the nations who consume most alcohol are the nations whose criminality is least and whose vitality is greatest."

I am, Sirs, your obedient servant,

Eastern Hospitals, Homerton, E., Oct. 20th, 1887. ALEX. COLLIE.

SHORTHAND TEACHING IN MEDICAL SCHOOLS.

To the Editors of THE LANCET.

SIRS,—I have reason to believe that a large number of medical students desire to avail themselves of the help in their work that an acquaintance with shorthand can give them. The desire is certainly a reasonable one on the part of those who have to learn by oral teaching, and whose practical work involves the constant recording of observations. Shorthand enables the student to secure as much as he likes of a lecture, while the limitations of longhand are quickly reached; it enables him to keep up with the lecturer in attention, while longhand is always holding him back; and it enables him to record his observations in one quarter of the time required with longhand, and thus in a given period he can record twice as much, and yet have 50 per cent. more time in which to observe. The last is a very great help in case-taking, and in a competitive examination the student who writes shorthand has a considerable advantage over one who does not. Shorthand can be learned far better and far more quickly from a teacher than by self-instruction. But for students to go to a shorthand class at a distance, almost necessarily in the evening, means a loss of time that is practically prohibitory. I believe that every medical school at the present moment contains enough students desiring to learn shorthand to make it worth while to establish a class, and I would suggest to the authorities of the schools the desirability of ascertaining the extent of the demand, and, if it is considerable, arranging for the means of instruction. The time required for the study is not great. Half-an-hour's work a day will in six weeks enable the student to make use of shorthand in his daily work, and all the time needed for proficiency will be saved at least twice over in a single year. Teachers of shorthand are readily obtained. I shall be glad to give information on this or any other point connected with the subject.

I am, Sirs, yours truly,

Queen Anne-street, Oct. 31st, 1887. W. R. GOWERS.

"PARALYSIS OF THE ABDUCTORS OF THE VOCAL BANDS."

To the Editors of THE LANCET.

SIRS,—Without entering upon numerous other points of controversial nature in Dr. Gordon Holmes's paper on the above subject which has just been published in your columns, I wish to point out one important mistake, and also to state that the list of cases given in the paper is incomplete, and not quite correct in certain particulars.

The mistake referred to concerns the motor innervation of the larynx. The notion that the spinal accessory nerve supplies only the adductors of the vocal cord, but not the posterior crico-arytenoid muscle, is certainly erroneous. Bischoff's and Schech's experiments, which showed that the spinal accessory supplied both the adductors and the abductor, have again been recently confirmed by Professor Horsley. He succeeded, in my presence, in cutting the inner (bulbar) branch of the left spinal accessory of a dog, leaving, as subsequent post-mortem examination showed, the external (spinal) branch of the spinal accessory and the pneumogastric absolutely uninjured. The immediate result of this experiment was complete cessation of all respiratory movements of the left vocal cord, which at once became absolutely fixed in what is commonly called the "cadaveric position." This experiment proves incontrovertibly that the motor fibres not only for the adductors, but also for the abductors, are derived from the spinal accessory.

Concerning Dr. Holmes's tables, I have to say that I have myself published, in greater or lesser detail, not three but eleven cases of bilateral abductor paralysis (Clinical Society's Transactions, vols. xi. and xii.; *Archives of Laryn-*

gology, 1881 and 1882; Transactions of the Pathological Society for 1882; *Berliner Klinische Wochenschrift*, 1883; St. Thomas's Hospital Reports, vol. xiii.) Besides, I have repeatedly shown illustrative cases before Medical Societies (see, e.g., *Brit. Med. Journal*, April 4th, 1885, p. 701). To what case of mine Dr. Holmes is referring under the heading "Pressure from Catarrhal Thickening" (No. 42 of his list) I cannot make out. I have certainly not published a case under this or any similar title. The heading "Cancer (post-tracheal)" of Case 49 of his list refers, I suppose, to my case of bilateral abductor paralysis, due to probably malignant disease of the thyroid gland, published in the Pathological Society's Transactions. But I am not certain of this. Apart from this, Dr. Holmes's list, although it goes down to nearly the middle of last year, is incomplete. In the first place, he has left out several of the older reported cases already referred to in my own papers on the subject—such as Weber's, Krishaber's, Sajous', Schuberg's, Duvening's (two),—without stating his reasons for doing so. And, further, he has omitted, of more recent instances apart from Dr. Saundby's case, the following:—Ott's second case (*Prager Med. Wochenschrift*, No. 14, 1884), Young's case (*Brit. Med. Journal*, April 26th, 1884), Dehio's two cases (*St. Petersburger Med. Wochenschrift*, 1884, Nos. 26 to 28), Kothe's two cases (*Berliner Klin. Woch.*, p. 734 *et seq.*, 1884), Mackenzie Johnston's case (*Edinburgh Medical Journal*, June, 1885), Ziegelmeyer's case (*Bericht über die Sommersaison, &c.*, Bruchsal, D. Weber, 1885), Koschlakoff's case (*Russ. Med.*, Nos. 1 and 2, 1885), M'Bride's case (*Edinburgh Medical Journal*, July, 1885), T. Solis Cohen's case (Transactions of the American Laryngological Association, 1886), E. Remak's case (*Berl. Klin. Woch.*, No. 25, 1886), Smyth's case (*Indian Med. Gazette*, October, 1886), Landgraf-Martin's case (*Berl. Klin. Woch.*, No. 8, 1887), Felici's case (*Arch. Italiani di Laryngol.*, fascic. ii., 1887), A. E. Garrod's case (St. Bartholomew's Hospital Reports, vol. xxii., 1886), Beschorner's case (*Monatsschrift für Ohrenheilkunde*, No. 5, 1887), Percy Kidd's case (THE LANCET, July 15th, 1887), Ramon de la Sota's case (*Revista Medica de Sevilla*, t. ix., 1886), Kuessner-Wegener's two cases (*Berlin Thesis*, 1887), and Luc's case (*La France Médicale*, No. 15, 1887). Thus no less than thirty-seven cases which have been reported in detail are wanting to make Dr. Holmes's list of published cases complete to date. Amongst the cases I have quoted above are *not* included many which are doubtful, nor the numerous instances in which paresis or paralysis of the abductors has followed tracheotomy in children or extirpation of the thyroid gland. From my own experience I am led to the conclusion that the bilateral affection is not so rare as is generally believed. Between 1876 and the present date I have seen in my own hospital and private practice, and in that of medical friends who kindly invited me to see their patients, nearly thirty cases.

I am, Sirs, yours obediently,

Wimpole-street, Nov. 1st, 1887. FELIX SEMON, M.D.

"WELL-TO-DO MEMBERS OF FRIENDLY SOCIETIES AND MEDICAL ATTENDANCE."

To the Editors of THE LANCET.

SIRS,—In your issue of Oct. 22nd, under the above heading, you mention you would look with interest to the next meeting of the lodge of the Manchester Unity that had summoned me to attend in reply to a charge that I had wanted a fee from one of the members whom I considered the payment of 1*d.* per week was never intended to include. The meeting was well attended and I received a patient and courteous hearing; all was done in order, and resulted in a vote by a large majority that I should withdraw my resignation; and they subsequently carried a hearty vote of thanks and confidence. Several of the members spoke feelingly, and with gratitude, as to the benefit and attention they had received from me in their illness. The question as to increased payment was referred to a future occasion, and the Secretary expressed his regret that, if I was dissatisfied with the remuneration, I had not, in accordance with their rule, made an application in writing to the lodge for an increase of salary, and then it would have been the duty of the presiding officer to give instructions for the subject to be placed on the agenda at the next general meeting, when the matter would be fully considered, as it would require an alteration of the lodge's bye-rules. I am not so anxious about the increase of my salary as the question of higher payments by the *well-to-do members*.

I am, Sirs, your obedient servant,

Oct. 29th, 1887. FREDK. H. ALDERSON, M.D.

*** As we anticipated, the question in dispute between Dr. Alderson and his lodge—the Albion Lodge of the Manchester Unity of Oddfellows—is not likely to endanger that good feeling which has characterised their relations for twenty years. Though he felt it right to proffer his resignation, he was by a large majority asked to withdraw it, and a hearty vote of confidence was passed. The course suggested by the Secretary is a right one. Any dissatisfaction with the remuneration should be carefully stated, and an application should be made to the presiding officer of the lodge for an increase of salary. The matter would then be placed on the agenda and carefully discussed.—ED. L.

THE CONGRESS OF HYGIENE IN HUNGARY.

(From our Special Correspondent.)

Buda-Pesth, Oct. 14th.

WITH a military band on board, and the ship gaily decked with flags, early on the Monday morning 400 members of the International Congress of Hygiene sailed down the Danube for Buda-Pesth. Some 300 more, for whom room could not be found on board, proceeded to the Hungarian capital by train. The large river steamer, with its saloons, its dining accommodation, and its spacious deck, gave the best opportunities for the exchange of ideas, of news, and of criticisms; and the long journey to Buda-Pesth must have greatly contributed to facilitate mutual understanding between sanitary reformers of all countries. Presburg was the first Hungarian town reached; and here the entire population turned out to welcome the Congress. The broad enbankment was lined with dense crowds of people; from masts, balconies, and the roofs of the houses floated innumerable flags; on the pier the Mayor and municipality awaited to present an address of welcome. It was a brilliant and invigorating sight. In a few minutes, however, the steamer started again, followed far by the re-echoing cry of *élien* (the Hungarian "hurrah")! Though it was close upon 11 o'clock when we reached Buda-Pesth, the Mayor and municipality here also were present to greet the members of the Congress with speeches of suitable brevity. A most elaborate programme had been drawn up for the next three days' proceedings, and the wearied members of the Congress were anxious to snatch a few hours' rest. At 7 o'clock next morning the Congress was to meet, so as to visit the Veterinary School and the School of Physiology before 10 o'clock. Both these institutions were greatly admired, the English members expressing themselves in particularly complimentary terms with respect to the Hungarian Veterinary School. The Chemical Laboratory, constructed in simple Italian Renaissance style, cost, taking the florin at its nominal value, £36,613, and the Physiological Institute £41,133. Here, in the rooms for experiments, 200 students can be easily seated; while, covering a superficial area of 2095 square metres, and costing £43 200, there is the School of Mineralogy, Anthropology, Geology, and Botany; and, finally, a library that cost £27,500. All these buildings form but one group, and are conveniently near each other.

Before further describing the great educational and scientific work accomplished at Buda-Pesth, it should be remarked that in 1780 the town had only 23,000 inhabitants. In 1867, while Hungary was still under the domination of Austria, the population of the capital was 183,360; but since Hungary gained its independence, the progress has been so rapid that the population of the capital is now estimated at 450,000, and since 1867 the State has spent no less than £7,000,000 in public works at Buda-Pesth. At 10 o'clock, according to appointment, the members of the Congress, who filled a long line of tramcars, arrived at the Ulló-street Clinical Hospital and School, a magnificent and luxurious building, which cost £42,800. The adjoining Anatomical

Institute by itself cost £32,000. These structures were much admired. Though there was scarcely time to make a technical examination, this much at least can be said—namely, that the drainage seemed in proper order, and was infinitely superior to what is generally seen on the Continent. At 11 o'clock the Stefánia, or children's hospital, was inspected, as also the isolation pavilion for infectious cases. The members of the Congress now went on board a steamer and proceeded to the St. Marguérite Island, which is the great pleasure resort of the inhabitants of Buda-Pesth. Here, among trees and flowers, the municipality had prepared a splendid dinner-lunch. A band was in attendance, which played the national hymns of the principal nationalities present, and was answered by cheers from the different representatives. The ladies received presents of flowers and the gentlemen bunches of cigars and cigarettes tied up with ribbons in the colours of Buda-Pesth. Each delegate had also a decoration for his button-hole, bearing the arms of Hungary and the colours of Buda-Pesth, which proved of considerable practical service, as all the members of the Congress were at once recognised by the drivers of the carriages, tramcars or the guards of the railways specially retained for the use of the Congress; everyone in the town was ready to help or guide those who wore this emblem.

The speeches were of a thoroughly international character. The Prefect, M. Charles Rath, in his opening allocution of welcome, declared that the town of Buda-Pesth would make the greatest efforts to forward scientific progress, and to carry out the wise counsel given by the Congress. M. Kamermayer, the Mayor, drank to Herren Ludvigh, the acting President of the Congress. Speeches now followed in rapid succession, but the allocution delivered by M. Sasvári was the most striking illustration of internationalism. He commenced in Magyar, and, after a few complimentary words to his Hungarian colleagues, assured the Austrian and German guests—himself speaking in good German—that the Hungarians recognised how much their civilisation was due to the Germanic races. Then, speaking in French, he explained that Hungary admired the great French nation, which, marching in the vanguard of progress, had given to the world the highest and most generous ideas. Now, changing from French to Italian, he spoke of the glories of ancient Rome, to be revived at no distant date. Finally, concluding in fluent English, he greeted the brave children of Great Britain, who had borne the banner of civilisation to the uttermost regions of the globe. Here the speech seemed ended, but, recognising among the delegates the dignified features and high turban of the Mahomedan Burgomaster of Serajevo, he again rose, and, in the Servian-Croatian language, hailed the presence of this Oriental functionary as typifying the union of the East and the West for the furtherance of the cause of hygiene. Dr. Roth, in Magyar, and Mr. Adolphe Smith, in French, spoke for England.

In the afternoon the Congress visited the new hospital, consisting of seventeen pavilions and holding 720 beds, and the model slaughterhouse for the town of Pesth. At the latter establishment 236,000 head of cattle are killed during the course of the year. It should be noted, however, that the consumption of poultry is nearly as large as that of ordinary meat.

In spite of these admirable institutions and the magnificent broad thoroughfares, the death-rate of Puda-Pesth is exceptionally high; it amounts to 29 per 1000. This, it is said, is in a great measure due to the fact that 25,000 people still live in cellars. The police have made vain efforts to drive the people out of these unwholesome abodes. The underground dwellings have one advantage, that of being cooler in summer and warmer in winter. The town drains directly into sewers, and these have their outfall into the Danube. The supply of drinking water is taken from the Danube. In spite of the great size of this river and the filtering process to which the water is subjected, this cannot be considered satisfactory, and probably also contributes to the high death-rate.

During the evening the greater part of the members of the Congress went to the opera, which is a model of comfort. There is no crowding, and even in the cheapest places the seats are as large and easy of access as the stalls of an ordinary London theatre. The ventilation was therefore much easier to maintain.

On the following morning the members of the Congress had again to bestir themselves early. The common rendezvous was for 8 o'clock, and a special steamer took us over to Buda to examine the magnificent Turkish baths, the Rudas-Fürdo, for which the town is justly celebrated. We then proceeded again by steamer to Promontor, formerly a Roman settlement, and where the vast caves of Mr. Saxlehner are cut out of the chalk formation several hundred yards deep into a mountain. In this weird place, beautifully illuminated by candles, a luncheon was served on barrels of wine. Caviare, or *pâté de foie gras*, and the excellent wines of the country were consumed with a recklessness that was perhaps not in keeping with the laws of hygiene, but which was the best response to so hearty a reception. On leaving these caves, innumerable carriages were in waiting to convey the members of the Congress over vine-clad hills to the spot where, from seventy wells, the celebrated Hunyadi János waters are collected. This vast establishment was carefully inspected. The waters are mixed so as to maintain them always at the same degree of strength. This is done in two reservoirs holding altogether 100,000 litres. From these the bottle-filling machines are supplied. These receive from each side a tray loaded with twenty-five bottles. In a moment the water drops into the bottles without any being spilt. These waters were discovered in 1863, but it was not till they were analysed by Baron Liebig that they acquired the wide reputation they now enjoy. The waters were then named after the Hungarian patriot, Hunyadi János, who in the fifteenth century defeated the Turks, and whose son Matthias was elected King of Hungary out of gratitude for his father's services. Some persons have stated that the name was meant to describe the waters; it simply recalls a hero whose memory is dear to all Hungarians. The works once examined, some 700 persons sat down to a most magnificent feast, while one of the best Austrian military bands played outside the dining pavilion. After a few words of welcome from M. Saxlehner, the proprietor of the waters, Professor Ludwig, President of the Congress, returned thanks for the hospitality received, and acknowledged the importance of the establishment. M. Jarchow explained that it had always been the proprietor's wish to have an opportunity, such as had now fortunately presented itself, of showing to so many members of the medical profession that no effort would be wanting on his part to warmly acknowledge the support he had received at their hands. Professor Schmidt, in proposing "The Ladies," made a happy reference to the fact that the springs had been discovered by a lady. Dr. Busback, the member for Buda-Pesth in the Hungarian Parliament, Professor Acglave for France, Professor Corradi for Italy, also spoke; and Professor Frankland, who, as one of our best authorities on water, had visited the springs with much interest, responded in the name of England. He said every effort would be made to give the Congress a worthy reception when it met in London; but, in acknowledging the proverbial hospitality of Hungary, he was obliged to confess they would not surpass in England the entertainment they had received that day.

It was now soon time to start again, for the vast establishments of the Red Cross Society at Buda had to be seen. Here the Congress was received by Dr. Emerich Ivanka, the director, and the lady patroness, Countess Livia Zichy, and Madame Bischitz. There are altogether twenty-three buildings belonging to the Buda-Pesth branch of the Red Cross Society. In the event of a war, there would be room for 800 wounded on these premises. Now they contain, among other things, 180 ambulance waggons, including some that served in the recent Servian war. Also there are 200 beds, packed and ready to be loaded on 32 waggons, with all the medical, surgical, and cooking appliances necessary, so as to establish at a moment's notice a hospital in any part of the country. The English delegates, and notably Dr. Mumby from Portsmouth, were much impressed by the preparedness of this establishment. Fears were expressed that in England we should not be so ready to meet an emergency. From this point some members of the Congress went to visit the lunatic asylum at Lipótmezö, while others hastened to their hotel to dress for the banquet given that evening by the Hungarian Society of Hygiene. This was the third banquet given on one and the same day.

The Hungarian Society of Hygiene was only founded in October, 1886, and yet it already counts more than 2000 members. There are three sorts of membership: mere adherents, who pay one florin per year and have no right to vote; full members, who subscribe annually three florins; and life members, who pay fifty florins. The Society issues

a paper, the *Egészség*, which, being translated, means *Health*. There are 200 life members, and out of this number 105 were enrolled by the acting and active President, Dr. Markusovsky. A few ladies also are members, and the Society gives lectures, distributes literature, brings pressure to bear with respect to vaccination, &c. The banquet they had provided was most elegantly served. It called forth many eloquent speeches, delivered in a great and perplexing variety of languages, and was followed by a ball that lasted until the small hours. Yet the next morning, a little after 8 o'clock, the members of the Congress had to meet at a far distant station, where, in a special train, they were conveyed to Moha, three hours' distance from Buda-Pesth. Here are situated the celebrated Agnes Springs, which provide a very pleasant sparkling dinner water. The heartiest welcome was extended to the members of the Congress, and a good dinner was, as usual, followed by many good and enthusiastic speeches. Mr. Charles Barshall, of the *Revue de l'Orient*, an influential paper published in French at Buda-Pesth, proposed "The Foreign Press," coupling THE LANCET with the toast. He insisted that science had been the father of freedom, and that the present Congress seemed to indicate it would become the parent of peace. The aristocracy of intellect, from thirty different nationalities, had worked in common at the Congress to secure the health and the happiness of mankind. Such harmonious international effort would not only benefit the cause of hygiene, it engendered the hope of general peace. Mr. Adolphe Smith replied for the foreign press, which had always sympathised with the struggles of Hungary. Hygienists loved free air and free water, plenty of both to secure cleanliness and health, whence sprang reason, and with reason knowledge and freedom, the basis on which science was founded. He therefore begged to return the compliment, and drink to the free press of Hungary. Dr. Frankland also spoke in very suitable terms, and when the banquet was over the girls employed in bottling the St. Agnes waters came forward, in their peculiar, neat, but simple dresses, and danced the various dances of the Hungarian peasantry. The greatest animation prevailed, and everyone joined heartily in the amusements of this rural fête till it was time to join the train and return to Buda-Pesth. Thus the Congress came to an end. That same evening and the next morning the members all left, and were scattered once more to all points of the compass. To everyone the memory of the hearty reception afforded will be cherished with feelings of pleasure and gratitude. Much has been learnt, and there was much to enjoy. But the best way of showing our high appreciation of what has been done at Vienna and at Buda-Pesth is to prepare at once for the organisation of the London Congress, so that it may at least be worthy of the precedent triumphantly established in Austro-Hungary.

BIRMINGHAM.

(From our own Correspondent.)

QUEEN'S COLLEGE.

THE council of this College has issued an advertisement announcing that they will at their next meeting proceed to the election of (1) a Professor of Gynæcology; (2) a Lecturer on Operative Surgery. This intimation is conveyed through the medium of a halfpenny evening paper, from which it may be inferred that the council has chosen a wide, if not a dignified, appeal to the masses. It is hardly likely that any response will be made from this source, since it is rumoured that there are candidates whose election is already assured, the routine of advertising being a very formal one.

MUNICIPAL ELECTIONS.

The medical element in citizenship does not hide its favours in this enlightened borough. The recent elections have been conducted in a spirited manner in several of the wards of the town, in one a local practitioner being returned by a large majority. In the administration of local affairs the appointment of medical men gives an important influence on the questions of sanitation and public health. There is always ample work to do, and if time can be found to do it, apart from the cares and responsibilities of practice, there is no reason why the duties of government should not be shared by the profession as well as by other callings.

TEMPERANCE QUESTIONS.

At a conference of the Midland Temperance League, attention was called to the evil effects of drinking at railway stations, and grocers' licences. An energetic protest was raised against the granting of these licences, it being stated that no Act of Parliament had done more to degrade and demoralise the women of the country than that which had granted to grocers power to sell intoxicating liquors. When Imperial politics have become a little more settled, there will probably be time to give more attention to domestic legislation. The subject bears strongly upon the well-being of the poorer classes, and all earnest reformers would be glad to see some amendment in the drinking propensities of the population.

HOSPITAL SUNDAY.

The amount collected on Hospital Sunday reached the sum of £3975 4*s.* 1*d.*, to be this year exclusively devoted to the Queen's Hospital. The highest total received during the twenty-eight years Hospital Sunday has been instituted was in 1878, when the figures stood at £6482.

Birmingham, Nov. 2nd.

NORTHERN COUNTIES NOTES.

(From our own Correspondent.)

CLOSE OF THE NEWCASTLE EXHIBITION.

ON Saturday last, at night, after a most successful run, our Exhibition doors were closed, never to reopen. The total attendance was nearly one hundred thousand over two millions! while the attendance on Saturday was nearly fifty-five thousand. It is reported that the immense throng left the building with great reluctance, as if anxious to have yet another "look round." It is pleasant to say that this immense concourse, extending over so many months, were always perfectly well conducted, and also that the Exhibition has been a commercial success, paying its way and leaving a surplus, so that when the building is cleared from the "bleak Northumbrian moor," its site will awaken no unpleasant thoughts in the breasts of our many spirited guarantors. There was during last week a most interesting ambulance competition in the Exhibition gardens. The search parties were aided by electric light, and the different modes of assisting and bandaging &c. the wounded were illustrated. The first prize was awarded, and well deserved, by the 2nd Detachment of the South Shields Light Brigade. Dr. Mears of the Newcastle College of Medicine superintended, and organised the competition. At the Ambulance Hospital in the Exhibition grounds, 223 cases have been treated. The hospital was erected by Mr. R. Bucknall of London, and was lent for its purpose by that gentleman. None of the cases treated called for anything beyond minor surgery. The medical direction of the hospital was under Drs. H. Newton and W. C. and C. Wicks.

NEWCASTLE SUNDAY HOSPITAL FUND.

The usual collection was taken in the churches and chapels on Sunday last, and the workmen's contributions on the previous Saturday. The collections were taken under favourable auspices, fine weather prevailing. Boxes were also set up in the Exhibition on its closing day—a happy idea. It is too soon to say much about the comparative amount raised, but the indications are that it will be up to former years.

THE FEVER-STRICKEN VILLAGE.

Although several of the patients who are suffering from typhoid fever at Burnriggs, near Carlisle, are still seriously ill, their condition is not regarded as dangerous; the rest are gradually convalescing, and, as no fresh cases have occurred, it is hoped that the worst has passed, and that in the course of a little time the place may be relieved of the obnoxious title of the "fever-stricken village." The result, the papers say, has been chiefly due to the help which the indigent sufferers have received from the liberality of the public. The medical officers, Dr. Conway, the district medical officer, and Dr. Ross of Wetheral, have been unremitting in their attendance. In the matter of nursing also the Burnriggs patients have been most fortunate.

Newcastle-on-Tyne, Nov. 2nd.

EDINBURGH.

(From our own Correspondent.)

THE ROYAL MEDICAL SOCIETY.

THE 151st session of the Royal Medical Society was inaugurated last Friday evening by an address by Mr. John Duncan, F.R.C.S.Ed., senior surgeon to the Edinburgh Royal Infirmary. As a former president of the Society, it was natural that Mr. Duncan should be forcibly reminded of the advances that have taken place in medical science generally, and in the development of the Edinburgh school in particular, since his occupancy of the president's chair, a quarter of a century ago. In listening to his interesting and eloquent account of how the world has wagged these twenty-five years, the members of the Society (most of them students of the present *régime*) had abundant cause for satisfaction; for they heard of increased facilities offered them in their studies, of more commodious halls in hospital and school for their reception, and of an ever-widening field of scientific effort in which their life would be spent. In tracing recent advances in surgery, Mr. Duncan drew special attention to the remarkable manner in which the surgery of the body cavities has been developed; on the one hand by improved methods of exact diagnosis and treatment, and on the other by the application to surgery of deductions from the germ theory of fermentation. The changes thus effected have been nothing less than startling, and the future prospects of further advances are now singularly hopeful. In speaking more particularly of the Edinburgh School, and its methods of teaching, Mr. Duncan had many things to say, both good and evil. In comparing the student of to-day with his predecessor of twenty-five years ago, it was noticeable that he conformed much more closely to the type of the whole body of students than did his predecessor, who had much more individuality about his actions and his ideas. Still they could certainly say that now there were fewer of the purely sensual, of those who ate, drank, or slept too much, than was formerly the case. But the man who worked out of proportion, the bookworm, in more or less portentous form, had now become an established fact and a stern reality among them. Mr. Duncan then described in a few happily chosen sentences the types of students of the present day. The aptness and acuteness of his sketches elicited such applause and approbation from his large audience as showed they were well-drawn pictures, and not caricatures of the actual fact. Most valuable to all were his closing remarks, upon the proper proportionate relation of study and relaxation. On both points he can speak with peculiar appropriateness, for he might well claim a high position in both spheres, since his reputation as an athlete and a sportsman is no less well established by a large demonstration of practical results than is that of his position in the world of medical science by the valuable contributions he has afforded to modern surgery.

UNIVERSITY GENERAL COUNCIL.

The statutory half yearly meeting of graduates of the University took place last week, when matters of considerable interest were discussed with a good deal of animation by a very small meeting of the members of the Council. Such is the apathy which pervades this body that at this meeting there were barely thirty present, although there must be several hundred members resident in Edinburgh. The chief business of the meeting was the consideration of the report of the Business Committee on the subject of University Reform. That report detailed many measures of a liberating tendency as desirable features of the next Universities Bill; among them, increased representation of the graduates in the University Court; increased powers to be conferred on the Court as a governing body, in particular the administration of University funds, now solely carried on by the Senatus; and that the Council, and not the Senatus, should elect the representative of the University on the General Medical Council. On each of these recommendations in the report amendments were passed by members of the Senatus Academicus who attended the meeting, and in each case the amendment was negatived by a majority of but one or two votes. This result has been made the basis of a good deal of banter by the *Scotsman* newspaper, which delineates the typical Edinburgh professor as a hopeless anti-reformer and reactionary; and this in turn has led to the publication of two letters from Professor Kirkpatrick, the Secretary to the Senatus, enumerating ten far-reaching projects of reform in various parts of the University polity that have in late years emanated from members of the Senatorial body itself. This discussion, which has been transferred from an academic auditorium to the public arena of the daily press, will probably run the same course that many previous discussions of the same nature have followed: the professoriate will hear a good deal of plain speaking that may be worthy in some degree the careful consideration which it will doubtless receive; but whatever the force or the noise of these winds that may assail it, the University ship will proceed upon an unaltered course, for those who are at present at her helm prefer the canal route of safe precedent to the ocean voyage of Reform, with the dangers that may attend it. But those dangers must be some day faced and overcome if the University is to gain the ocean-haunting freedom and the ocean-like expansion which all her well-wishers desire for her in the future.

Edinburgh, Nov. 1st.

ABERDEEN.

(From our own Correspondent.)

THE UNIVERSITY GRADUATION OATH.

THE Senatus of the University, at a meeting held on Saturday, had before it the recommendation of the University Court in regard to the discontinuance of the graduation oath, and it was resolved to take the matter into consideration at a meeting to be held on Dec. 10th.

THE RECTORIAL ELECTION.

The election of Lord Rector takes place on the 12th inst. Three candidates, Lord Aberdeen, Mr. Goschen, and Mr. John Morley, were at first proposed; but Lord Aberdeen has withdrawn in favour of Mr. Morley as opposed to Mr. Goschen.

THE STUDENTS AND CLINICAL TEACHING.

A deputation from the fourth year's medical students waited upon the staff of the Hospital for Sick Children, to discuss the question of changing the visiting hour at that institution, so that the students might be able to attend both it and the Royal Infirmary for clinical instruction. It was agreed to change the hour from 11 A.M. to 1 P.M., and thus get over the difficulty mentioned in my last communication. At the Royal Infirmary both physicians and surgeons visited formerly at 12 o'clock, but by the new arrangement the former visit at 11 and the latter at 12 o'clock. This arrangement has the advantage of making it possible for the students to visit both medical and surgical wards each day. On the whole, therefore, the facilities for clinical work may now be considered satisfactory.

The Infirmary Jubilee Extension Fund now amounts to £25,813 16*s.* 6*d.*

DUBLIN.

(From our own Correspondent.)

ROYAL COLLEGE OF SURGEONS IN IRELAND.

So far as the Apothecaries' Conjoint Scheme is concerned, only three Examiners will be elected by the College of Surgeons—viz., one in Physiology and two in Ophthalmic Surgery, the existing supplemental Examiners acting in the other subjects, such as Anatomy, Surgery, &c. The first examination for the diploma in Public Health will take place on December 5th and following days. The inaugural address at the opening of the Medical School of the College was delivered on Monday last by Sir William Stokes, Professor of Surgery in the College. The address is published in our present issue. At its conclusion a vote of thanks was moved to the lecturer for his able address, and passed with acclamation.

ROYAL UNIVERSITY OF IRELAND.

The conferring of degrees of this University took place last week, presided over by Lord Emly, the Vice-Chancellor, who, in the course of his address, said that one of the pleasant duties which from time to time fell to the lot

of bodies such as theirs was to bear public testimony to academic and professional merit existing in other places. They were about that day to enrol among their graduates men whose names were well known in the world of science, of letters, and of medicine. During the visit of the British Medical Association to Dublin last summer it was agreed that they should commemorate that event by conferring upon some few of the most distinguished members of the medical profession from the sister island their degrees in the different branches of the profession to which they belonged. The Senate had resolved to confer the honorary degrees of A.M. and D.Sc. upon Dr. Frederick McCoy, of the University of Melbourne. The honorary degree of Doctor of Medicine would be conferred upon Dr. Richard Quain, and the same degree (*in absentiâ*) on Dr. C. Bastian, Dr. Thomas Grainger Stewart, Professor of Medicine in the University of Edinburgh, and Physician to the Queen in Scotland; Sir Dyce Duckworth, representative on the General Medical Council of the Royal College of Physicians; and Dr. Matthews Duncan. The honorary degree of Master in Surgery would be conferred on Sir Joseph Lister, Mr. John Erichsen, Mr. John Marshall, Sir Thomas Crawford, Director-General of the Army Medical Department; and Mr. Thomas Bryant, surgeon to Guy's Hospital.

SCHOOL OF PHYSIC, TRINITY COLLEGE.

The new buildings, which were commenced about two years since, may now be considered as completed, and were formally opened on Tuesday, the 1st inst., by the Rev. Dr. Haughton, F.R.S., who gave an introductory address. The new building has a frontage of some 120 ft., the northern part of the edifice being intended for the surgical department, and the southern for the chemical. The dissecting-room is 120 ft. long by 30 ft. wide; while in the surgical portion are three lecture theatres, to be used alternately by medical and surgical lecturers. There are also apartments for the registrar and the medical professors, preparation-rooms, and on the upper floor a special surgical museum 80 ft. by 32 ft. wide. The chemical lecture theatre can accommodate 400 students, and will be fitted with all the modern appliances for chemical demonstration &c. The cost of the new buildings has been about £14,000, and the sum, although a large one, will be regarded as very judiciously applied by all who take an interest in the success of the medical school of the University of Dublin.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

The fifth annual general meeting of the Academy of Medicine in Ireland was held on Oct. 28th, in the College of Physicians. It was moved and adopted unanimously that the title of the Academy be changed to that of the "Royal Academy of Medicine in Ireland." It was resolved to amalgamate the offices of general secretary and treasurer, and that the duties of both should be undertaken by the general secretary. Sir Charles Cameron proposed a motion to the effect that the bye-laws 59 and 60 should be so altered as to constitute the existing sub-sections, the chairman of each to be called the president, and the council to consist of six members only, which was adopted unanimously. The office bearers for the session having been appointed, the proceedings terminated.

Dr. Tate, late resident medical officer of the North Dublin Union, has been granted a superannuation allowance of £200 a year. He is suffering from paralysis.

Dublin, Nov. 1st.

BELFAST.

(*From our own Correspondent.*)

THE WATER SUPPLY OF BELFAST.

To those who have lived in Belfast, and who know the great amount of rain which usually falls there, it will seem strange that there should be any scarcity of water. However, the prolonged drought has been so continuous that the Water Commissioners have been obliged to restrict the supply from the reservoirs to four hours daily. Owing to this, considerable inconvenience has arisen at the barracks, the Royal Hospital, and at the workhouse. At the latter place it has been decided to open some wells which for a long time have not been in use; but as one of the guardians stated their situation was near that of an old cholera graveyard, it was decided, before using the water, to have it tested by the borough analyst. All over the north of Ireland there has been a great scarcity of water, and in some of the towns, as Lurgan, this has given rise to considerable inconvenience. During the past few days some rain has fallen, but not sufficient to make any perceptible change in the amount in the reservoirs.

THE LAGAN POLLUTION.

Some time ago, Dr Graham, a member of the medical profession, was returned as alderman for Cromac Ward on the sanitary question. There is to be an election to the Town Council this month, and the Lagan Pollution Committee have decided to run a number of candidates pledged to their programme. Dr. Graham has again been selected as a candidate for the aldermanship, and Dr. Henry Bingham is one of those chosen as a candidate for councillor. The programme of the Lagan Pollution Committee adopted at a recent meeting includes, among other points, the following:—(*a*) The effective and immediate sanitation of the town, with special reference to the purification of the River Lagan, and a thorough investigation of the main drainage scheme in all its incidents, including taxation &c. (*b*) That in view of having the best scheme for the drainage of the town, competitive plans be sought for, and a sum of money be devoted to the purpose from the corporate funds. (*c*) That no undertaking or Bill be promoted involving an expenditure of over £5000 of municipal money until a town meeting be held to consider and approve of the same in accordance with the custom prevailing in English boroughs. The gentlemen I have mentioned have, with others, been selected as candidates for Cromac Ward, the locality in which the Lagan flows. An influential deputation waited on the Town Council on Tuesday, with the view of learning what course the Corporation would propose to adopt, now that the joint reports of the Borough and Harbour Commissioners' engineers had been made. The deputation were listened to most courteously by the members of the Council, and subsequently the report in reference to the matter was read and adopted, from which I gather that it is recommended, with a view of carrying out an improvement of the Lagan so far as is within the Council's powers, if the consent of the Board of Trade can be obtained to the embanking of the ground opposite Ormean Park on the lines suggested by Mr. Salmond (engineer of the Harbour Board), which is estimated to cost about £7500, and if the Harbour Board will dredge the bed of the river, and place the excavated material on the ground to be reclaimed, the Council should contribute a reasonable amount towards the expense of wheeling and levelling the material, and should also complete the embankment. This would be an important part of the work recommended by the two engineers, and probably would lead to other owners of property along the river doing their portions.

NURSES FOR THE SICK POOR.

From a report recently issued by the efficient secretary of the Association for Nursing the Sick Poor, I learn that, through the kindness of a lady and her husband in Belfast, the committee have been able to employ an additional nurse in this most admirable work. There are now nine nurses in all, and through the kindness of the same friends the supply of water beds, air cushions, &c., has been renewed. The generous bequest left by the late Mr. James Lindsay to this Society has been paid over to the trustees; it amounts to £547 18*s.* 10*d.*, including interest.

THE CURE OF HYDROPHOBIA.

About ten days ago several children were attacked and bitten by a dog supposed to be suffering from rabies in the Shankhill district of Belfast. Through the kindness of the public a sum of money was raised, and they were taken to Mr. McGovern, who, it is said, has been very successful in curing, or rather preventing, this disease. His method is still a secret. The children have now returned to Belfast. Considerable interest is being taken in the matter.

ROYAL HOSPITAL.

The winter session was opened on Tuesday by an introductory address, delivered by Dr. Burden, pathologist to the hospital. After welcoming the students, Dr. Burden gave an interesting account of the morbid anatomy and pathology of the spinal cord. He then made some observations on the subject of inflammation, and concluded an

able address by exhorting the students to uphold and to continue in their future practice the traditions of the Belfast Medical School.

SMALL-POX EPIDEMIC IN LONDONDERRY.

I regret to learn that there has been an epidemic of small-pox in Derry. It would appear that during the past quarter of a year forty-two cases of small-pox were brought under the notice of the sanitary authority. Of these, twenty-one occurred in the District Lunatic Asylum, where there had been five deaths. Of the other twenty-one cases occurring throughout the city, there had been four deaths. A statement of the districts chiefly affected showed that the disease clustered largely in the vicinity of the City Infirmary. There had been two cases in the infirmary, both of which were convalescent. The majority of the other cases had been removed to the City Fever Hospital. Strenuous efforts had been made by the sanitary staff to stamp out the disease. All the medical men in the city were personally waited on by the executive sanitary officer, and requested to give prompt information of any cases of small-pox coming under their notice. A disinfecting chamber was erected at the Fever Hospital. Despite the epidemic of small-pox, it is most satisfactory to learn that the death-rate is 9·5 below the average of the sixteen principal towns in Ireland. It is stated that in all cases of small-pox where the patients had, by the advice of their medical attendants, gone to hospital recovery had ensued, most of the deaths having occurred in private houses.

Belfast, Nov. 1st.

FLORENCE.

(From a Correspondent.)

THE City of Flowers is filling rapidly, and by the close of the month the season will have begun with a brilliancy seldom surpassed in the Tuscan capital. Nothing can be more delightful than the atmosphere in which city and suburb are bathed. The perfection of autumnal weather tempts the most timid valetudinarian to San Miniato and Fiesole—the latter eminence basking in a sun which would be oppressive but for the snow-tipped Apennine, which acts as a refrigerator. Gray's noble outburst—

"O Fæsulæ, amœna
Frigoribus juga, nec nimium spirantibus auris,"

written, as it was, one summer a century and a half ago,—conveys a true description of the pleasure inspired by that lovely hill-resort in the October of 1887. The Arno, well-nigh a gravel-pit in summer, now rolls majestically seaward, strewn with the leaves of Vallombrosa, and heightening the charm of the afternoon drive or walk in the Cascine, on whose thinned foliage autumn has "laid a fiery finger."

The health of the city is satisfactory. No epidemic prevails within its precincts. Weeks ago there was an outbreak of small-pox; but it was strictly local, confined to the denizens of the Borgo di San Frediano, long notorious as in some respects the worst quarter of the city. Even there the cause was not far to seek. The Mercato Vecchio, or old market, in the Ghetto, has had for sanitary and social amelioration to be dismantled, and this was done without adequate provision being made for its unhoused inhabitants, who, accordingly, flocked across the river to the slums of San Frediano. There they were massed together in hovels already overcrowded and squalid, with every hygienic defect. Confluent variola soon declared itself, and filled the healthier quarters with such panic that multitudes of people, both native and foreign, have had themselves revaccinated. The epidemic has now disappeared, bequeathing to the Sanitary Giunta a further task in ædileship—that of knocking down the old city walls between the Porta Romana and the Porta San Frediano, so as to increase the breathing space and facilitate the circulation of the inhabitants.

The Florentine municipality has not been idle in improving the sanitary condition of the city. For years its water supply was not good—mostly drawn from *pozzi* or wells in the immediate neighbourhood of the houses. Most of these are still on tap, but they will ere long be closed, and replaced by the *acqua potabile*, already introduced into all the good houses and hotels. A memoir on "The Well Waters of Florence, and, in particular, on the Municipal Acqua Potabile," has just been published by Signor Napoleone Passerini, director of the School of Agriculture at Scandicci, in the neighbourhood. According to this authority, the *acqua potabile* does not, like that of many of the *pozzi*, contain pathogenic schizomycetes, but, compared with the latter, presents the following characters: 1. It contains a minute quantity of non-injurious organic matter, a quantity less than that of all the *pozzi* waters examined within the city, the *acqua potabile* yielding an average of 0·0633 gr. per litre, while that of the *pozzi* yields 0·334 gr. 2. The *acqua potabile* presents a smaller proportion of saline substances. 3. It is quite free from ammonia in solution, from azotised organic matter, and from nitrous acid. 4. The air dissolved in it possesses a greater proportion of oxygen than all the *pozzi* waters under examination, proving that the former has less organic matter on which oxygen can seize. 5. While, as already stated, it contains no pathogenic microbes, it presents all the characteristics of an excellent drinking water. On the other hand, the best of the *pozzi* waters cannot claim a higher place than that of a tolerable drinking water. The municipality, according to Signor Passerini, has only to persevere in its undertaking, and the water supply of Florence, whether as to quality or abundance, will leave nothing to be desired.

No medical or philanthropic visitor to Florence should omit to see a wonderful specimen of what education can do for the blind, in the case of Gaetano Baldelli, now exhibiting his powers at the Museo Internazionale dei Ciechi (International Museum of the Blind). We are familiar with those similarly afflicted who can read printed letters with their fingers; who, introduced into a room, can, by clapping their hands, tell us how large it is, and whether it contains furniture; who can cultivate flowers and distinguish them from weeds. But what must we say to a blind youth who can measure for clothes, cut them out, and make them up in the latest fashion? Baldelli does this before admiring crowds. In 1884 he received honourable mention at the Turin Exhibition held that year, and King Humbert graciously presented him with a gift, accompanied with expressions of praise and encouragement. In other cities throughout the peninsula, notably Milan, he has given specimens of the proficiency in the handicrafts to which the sightless may be educated; and, if his example is followed, Italy may ere long have a school for the blind not inferior to that of the nuns at Paris. These blind women can execute the most delicate and complicated embroidery, and can communicate to blind novices of their own sex the skill they so admirably exhibit. They can even teach those who can see how to do the most refined lace work. They can recognise the defects of these novices and correct them, breaking their work and remaking it; and all this intelligence and dexterity they show in other not less difficult operations of the milliner or the seamstress. It is believed that the peculiarly spiritual life these good women lead quickens and perfects all the other organs of special sense, and replaces that of vision by something almost like a substitute. But this is a question for accomplished medico-psychologists like Dr. Russell Reynolds, whose address on "Preventive Medicine," published in THE LANCET of October 1st, has, I may mention, been read with much admiration by more than one eminent Italian physician.

Oct. 22nd.

PARIS.

(From our Paris Correspondent.)

THE FACULTY OF MEDICINE.

THE winter session of the Paris Faculty of Medicine will begin on Thursday the 3rd inst., and the following is a list of the lecturers for the Session;—Medical Physics, Prof. Gabriel; Medical Pathology, Prof. Dieulafoy; Medical Chemistry, Prof. Gautier; Surgical Pathology, Prof. Lannelongue; Operative Surgery, Prof. Duplay; Histology, Prof. Duval; Morbid Anatomy, Prof. Cornil; History of Medicine and Surgery, Prof. Laboulbène; Medical Jurisprudence, Prof. Brouardel. Clinical Medicine: Prof. G. Sée, at Hôtel Dieu; Prof. Potain, at La Charité; Prof. Jaccoud, at La Pitié; Prof. Peter, at Necker Hospital. Clinical Surgery: Prof. Richet, at Hôtel Dieu; Prof. Verneuil, at La Pitié; Prof. Trélat, at La Charité; Prof. Le Fort, at Necker Hospital. Mental Pathology and Diseases of the Brain: Prof. Ball, at Sainte-Anne Asylum. Diseases of Children:

Prof. Grancher. Syphilitic and Cutaneous Maladies: Prof. Fournier, at St. Louis Hospital. Diseases of the Nervous System: Prof. Charcot, at Salpêtrière Asylum. Ophthalmology: Prof. Panas, at Hôtel Dieu. Obstetrics: Prof. Du Budin, at the Clinical Hospital.

CREMATION.

In anticipation of the official opening of the Crematory which has been erected in the Cemetery of Père Lachaise, two experiments have been performed in one of the furnaces with the bodies of two persons who died in the hospitals unclaimed by their relatives. The bodies were incinerated in the presence of M. Chassaing, Vice-President of the Municipal Council of Paris, accompanied by other functionaries, the process occupying two hours, and each corpse produced 4 kilogrammes of ashes. Other experiments are to be performed during the week. The Crematory is situated in the north of the cemetery. It has the shape of a parallelogram and is three storeys high, surmounted by two chimneys in white stone. In a report drawn up by Dr. Brouardel, he estimates that the furnaces will be able to consume 4,500 bodies annually, which is about the average number taken from the Paris hospitals each year. The Bill authorising cremation in this country has been passed by the Chamber of Deputies, and it only remains for the sanction of the Senate. Meanwhile inhumation or incineration will be optional; but several generations will probably have to pass before cremation will completely replace inhumation, as, whatever may be the feelings of the French for their fellow-creatures during life, they have great respect for the dead, amounting almost to veneration.

"TANACETIC RABIES."

In continuing his researches on "tanacetic rabies," M. Peyraud read a paper before the Academy of Sciences last week on the preventive action of the hydrate of chloral on this artificial malady and true rabies. He instituted two series of experiments on rabbits and birds by intravenous injections with the essence of tanaisia followed by the subcutaneous injections of chloral. In the first case, after having produced the specific symptoms, he endeavoured to arrest their development by the subcutaneous injections of chloral, and it was thus remarked that when the tanacetic convulsions were established, the arrest of the malady did not take place. If, on the contrary, the animals were previously subjected to the action of chloral, and when they fell asleep or were simply drowsy and a certain dose of the essence of tanaisia was administered, the convulsive effects were not produced, or were produced tardily, and after repeated doses of this essence, when the quantity of chloral was insufficient. From this result the author concludes that if the chloral had not a *curative* action on tanacetic rabies, it evidently had a *preventive* action. The discoveries of M. Pasteur on experimental rabies gave M. Peyraud the idea of studying the two kinds of rabies comparatively, and his experiments led to the following results:—"On the 6th of March, 1887, I inoculated a large black rabbit by the submeningeal method, the rabic virus being taken from a man named Berger, who died six months after the Pasteurian vaccination, of paralytic rabies in Dr. Pitres' ward. This virus was of the third series of inoculation of rabbits. The paralytic rabies of the preceding series always reached the fifteenth day. Six others (*témoins*) were at the same time inoculated with the same virus. All six died from paralytic rabies six months ago, but the black rabbit is still living. It manifested only a slight weakness about the sixteenth day of the inoculation. The rabbit was treated in the following manner:—On the 10th, 11th, and 12th March it was placed under a bell-glass, and subjected during two hours and a half to the action of the fumes of chloral without its falling asleep. On the 13th, 14th, 15th, 16th, 17th, 18th, and 19th March the animal was injected subcutaneously with 10, 20, and 30 centigrammes of a solution of chloral (2 grammes to 250 grammes of water). The treatment lasted ten days, since which time it has not presented any morbid phenomenon, and it is probable that it will not become rabid, as it is now more than seven months since it was inoculated."

MONUMENT TO BRETONNEAU, TROUSSEAU, AND VELPEAU.

On Oct. 30th the monument erected to the memory of Brétonneau, Trousseau, and Velpeau was inaugurated at Tours, the birthplace of these eminent members of the profession. The ceremony took place in the presence of the officials of the town and of that of several members of the Faculty of Paris and of the neighbouring district. Among those present may be named Dr. Louis Thomas, Professor of Clinical Surgery, who presided, Drs. Duclos of Tours, Peter, Verneuil, Brouardel, Léon Labbé, Dieulafoy, Emile Vidal, Constantin Paul, Guyon of Paris, and pupils of these eminent professors. There were also present Dr. Hubert Trousseau, grandson of the celebrated physician, and Dr. Richet, son of the well-known surgeon of that name, who represented his father, as the latter was unable to attend.

Dom Pedro, the Emperor of Brazil, recently attended a meeting of the Biological Society of Paris, at which Professor Brown-Séquard, President, proposed his Majesty for the membership of the Society, and he was unanimously elected.

Paris, Nov. 1st.

ROYAL COLLEGE OF SURGEONS OF ENGLAND: MEETING OF FELLOWS AND MEMBERS.

THE annual meeting of the Fellows and Members of this College was held yesterday (Thursday), under the presidency of Mr. Savory. After a brief statement from the President in reference to the extension and improvement of the College rooms, museum, and library, Mr. T. Holmes proposed, and Dr. R. Gooding seconded the resolution, which will be found quoted on page 920 of our present impression. This was carried unanimously. In speaking to the motion, Mr. Holmes said it was of a rather portentous length, but if ever laid before the Privy Council it would better tell its own tale. The case, he said, stands thus: There are about 1000 Fellows and about 12,000 Members of the College. It was felt to be curious that, with the exception of some twenty-four members of Council, the remainder of this large body corporate should be entirely excluded from all participation in College management; that this small Council should exercise absolute and uncontrollable ownership of the vast influence and wealth of the College of Surgeons. He reminded the Council that, even if the immediate struggle terminated in favour of the Council, it would not be given up, for there were still Parliament and the public to appeal to. He trusted, however, that when the matters in dispute had been submitted to an independent authority, such as the Privy Council, they might not unfairly expect a favourable answer.

On the motion of Mr. John Tweedy, seconded by Dr. Danford Thomas, it was unanimously resolved to respectfully request the Council of the College to transmit a copy of the foregoing resolution to the Lord President of the Council. Mr. Tweedy said he would have been glad to have had their differences settled in that room, but he could not be surprised at the opposition of the Council, and was certainly not disheartened. He recognised the right of the Council to hold to their own opinion; but still he thought, as this was a properly constituted general meeting of the College, which every Fellow and Member was entitled to attend, it was only right and proper and dignified that the Privy Council should be put into possession of the opinion of the meeting; the differences between the Council and the general body of the College were honest, and he for one was perfectly ready to fight them out.

After some discussion on points of order, which the President disposed of, the meeting terminated with a vote of thanks to the President for his courtesy and tact in the chair.

GLASGOW OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY. The first meeting of the third session of this Society took place on Oct. 26th, in the Faculty Hall, St. Vincent-street. The following gentlemen were appointed office-bearers:—Hon. President: Professor Leishman. President: Abraham Wallace, M.D. Vice-Presidents: J. Stuart Nairne, F.F.P.S.G.; Murdoch Cameron, M.D. Treasurer: Robt. Pollock, M.D. Reporting Secretary: Robert Park, M.D. Secretary: George A. Turner, M.D. Pathological Registrar: Nigel Stark M.B., C.M. Council: J. Marshall, L.R.C.P.E. (Coatbridge); John Glaister, M.D.; W. L. Reid, M.D.; P. C. Smith, M.D. (Motherwell); David Tindall, M.D.; and Skene Keith, F.R.C.S.E. An interesting and learned paper was afterwards read by Dr. Oliphant on the History of Pessaries.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen were duly admitted Licentiates of the College on the 27th ult. The name of the medical school is appended in each case:—

*John Hill Abram, Liverpool; Thomas Wilson Aird, London; Henry C. Leffler Arnim, Charing-cross; *Walter J. Bearblock, Guy's; A. Babington Blackie, St. Thomas's; James B. Blomfield, University College; *Daniel Booth, Manchester; C. Carter Braine, Charing-cross; W. H. Breffitt Brook, St. Bartholomew's; *Edgar Browning, St. George's; T. W. Barnett Burn, St. Bartholomew's; *Ferberd R. Buswell, Middlesex; *Harry Johnston Campbell, Guy's; Adolphus Leo Castel, University College; *Samuel John Cole, London; *Beaumont Harry Comerford, St. Georges; R. James Cook, Guy's; Richard Cordiner, London; Percy Vernon Dodd and Arthur Reed Down, St. Bartholomew's; Herbert Edgelow and W. E. Evans, St. George's; *Frank Fawssett, St. Thomas's; *Walter Fisher, Guy's; *Frank E. Gibbens, W. Douglas Gimson, and Nathaniel J. Goodchild, St. Bartholomew's; Charles Greene, Birmingham; W. A. Griffiths, Westminster; F. W. Halliday, Leeds; *Percy Herbert Vickers Hammersly, St. Bartholomew's; Worsley John Harris and W. H. Hillyer, St. Thomas's; Christopher Whewell Hogarth, Guy's; Lionel Norton Hoysted, Charing-cross; C. H. James, St. Thomas's; *Coram Llewelly Stuart James, J. James, and *J. H. E. Jarvis, London; *Frank Lane, London; C. Mortimer Lewis, St. Thomas's; H. W. Lewis, Guy's; Edwin Mellor Light, St. Georges; Charles Armstrong Lumley, Guy's; J. Black M'Ilroy, Westminster; Reginald Martyn, St. Bartholomew's; *Harry Forbes Churton Marvin, University College; C. E. Matthews, St. Thomas's; *W. Mortimer, London; *Berkeley George Andrew Moynihan, Leeds; Charles Pye Oliver, Charing-cross; Frank Pearce, Guy's; *Jeremiah Penny, King's College; G. A. Pratt, University College; *Richard Fairfax Reading, Middlesex; Harvey Rhodes, Manchester; Alex. Bruce Roxburgh, London; David Naunton Ruck, St. Bartholomew's; Bhagat Ram Sawhny, Lahore; *Prideaux George Selby, St. Bartholomew's; Harold Sidebotham, Manchester; E. O'Reilly Somers, Manchester; Matthew Henry Spence, St. Thomas's; W. H. Stevens and *Theodore Mayo Stiles, Bristol; Albert Max Sully, University College; *Shigemichi Suzuki, St. Thomas's; Horace Lawton Swete, London; Edgar Swindells, Manchester; Richard Francis Thomas, Middlesex; *Walter Thompson, Leeds; Robert Straker Turton, St. Georges; *W. H. Vickery, Middlesex; A. H. Ward, St. Georges; Frank Augustus Watkins, *John Houghton White, and Herbert Edmund Winter, St. Bartholomew's; Onslow Arthur Wickham, London; Sidney Wigglesworth, Manchester; *Richard Gerald Wilde, Cambridge and London; Bernard Duncan Zorapore Wright, St. Bartholomew's; Edmund Hasell Wright, St. Thomas's; and E. T. Wynne.

* Approved by Examining Board.

ROYAL UNIVERSITY OF IRELAND.—The following degrees were conferred last week by Lord Emly, Vice-Chancellor of the University:—

BACHELOR IN MEDICINE.—Upper Pass.—John Campbell, Robert J. Duffin, W. M. Elliott, Gerald Hickey, John J. Lynch, Richard C. Mc Cullagh, Robert Nelson, W. J. O'Meara. Pass.—J. F. Annesley, Robert Bryans, David Campbell, James Clifford, Edward R. Crofton, Francis E. Gahagan, George R. Gordon, Walter Hamilton, William Killen, John McElwee, Peter McKenna, Samuel Mathews, Cecil Shaw, James Tomb.

MASTER IN SURGERY.—Honours, First Class and Special Prize of £20, Joseph Stewart. Second Class, John McIlwee, Robert J. Ferguson. Pass.—Robert Bryans, David C. Campbell, John Campbell, Robert J. Duffin, W. M. Elliott, John Ellison, Walter M. Hamilton, Gerald Hickey, W. M. Killen, W. M. Lewis, Hugh A. Logan, Richard C. Mc Cullagh, Henry Makisack, Samuel Mathews, Robert Nelson, D. J. O'Mahony, W. J. O'Meara, Francis L. Sealy, John H. Sharpe, Cecil E. Shaw, John J. Shaw, Henry J. Taylor, James Tomb.

MASTER OF OBSTETRICS.—David C. Campbell, John Campbell, W. M. Elliott, Robert J. Ferguson, W. M. Killen, Richard McCullagh, Henry L. Mackisack, Robert Nelson, Joseph Stewart.

The following exhibitions have been awarded:—

FIRST EXAMINATION IN MEDICINE.—First Class: Matthew Ledwith, £30. Second Class: Thomas Donovan, £15.

SECOND EXAMINATION IN MEDICINE.—Second Class: John Hennessy, £20; Thomas McDermott, £20; John Macnamara, £20.

M.B. DEGREE EXAMINATION.—Second Class, £25 each: Henry L. Mackisack, and Joseph Stewart.

SOCIETY OF APOTHECARIES.—The following gentlemen, having satisfied the Court of Examiners as to their knowledge of the Science and Practice of Medicine, Surgery, and Midwifery, received certificates entitling to practise as Licentiates of the Society on Oct. 20th:—

Beaver, R. Atwood, Alexandra-rd., Waterloo, Liverpool.
Bell, W. Whitmarsh, Fentiman-road, Clapham.
Chaud, Fateh, Assist. Surg., Indian Service, Punjab, India.
Cheatle, G. Leuthal, Vereker-road, West Kensington.
Richard Watson Councell, Victoria-road, Clevedon.
Gilchrist, T. Caspar, Victoria-street, Crewe, Cheshire.
Leicester, Morton Edmund, Chambres-road, Southport.
Marsh, A. Herbert, Manchester-road, Bolton, Lancs.
Parsons, G. Gooden, Middleborough House, Coventry.
Stocks, W. Percy, The Crescent, Salford.

The following gentlemen passed the Surgical portion of the examination during the month of October:—

Abbott, Frederic W., Charing-cross Hospital.
Beaver, R. Atwood, Liverpool School of Medicine.
Bokenham, T. Jessopp, St. Bartholomew's Hospital.
Carter, Ernest, London Hospital.
Clarke, Thomas Henry, Middlesex Hospital.
Coryn, Herbert A. W., Charing-cross Hospital.
Killick, Charles Rowe, London Hospital.
Leicester, Morton Edmund, St. Bartholomew's Hospital.

The following gentleman passed the examination in Medicine only on Oct. 20:—

Spong, Harry, Leeds School of Medicine.

The following candidates passed the examination qualifying them to act as Assistants in Compounding and Dispensing Medicines:—

Aukland, W. Henry.
Colman, William.
Downes, W. Francis.
Evans, Frederic Ernest.
Knott, Percy.
Matthews, John George.
Parish, Alfred James.
Price, Thomas Harry.
Thorne, Henry Courtenay.

APOTHECARIES HALL OF IRELAND.—At a special examination held on Oct. 26th and 27th, the the following received the Licence of the Hall:—

Alexander Stewart.

THE Hospital Sunday collections were made at Brighton and Plymouth on the 30th ult.

A WELL-ATTENDED meeting was held on the 29th ult. at the Mansion House, York, in furtherance of the objects of the Church of England Burial Reform Association.

VICTORIA HOSPITAL FOR SICK CHILDREN.—Arrangements have been going on for some time past to inaugurate a grand fête and festival in aid of the funds of this charity.

AN INTERNATIONAL FIRE, WATER, AND BURGLAR PROOF EXHIBITION is announced to be held in London, early in 1888.

NATIONAL DENTAL HOSPITAL AND COLLEGE.—Mr. Charles S. Tomes will preside at the Annual Students' Dinner on Friday, Nov. 25th, at the Holborn Restaurant.

THE annual dinner of the Glasgow Southern Medical Society was held on the 27th ult., Dr. M'Millan, President of the Society, occupying the chair.

THE annual meeting of the supporters of the Manchester Southern Hospital and Manchester Maternity Hospital was held on the 27th ult., when satisfactory reports were presented and adopted.

AT a public meeting held at Glasgow on the 24th ult. resolutions supporting the proposal to erect a new infirmary to commemorate the Jubilee were unanimously adopted.

THE Committee of the Jubilee Fund now being raised in aid of the Great Northern Central Hospital, in the course of erection in Holloway-road, report the receipt up to the present time of nearly £4000.

SUNDAY LECTURE SOCIETY.—On Nov. 6th Dr. Percy F. Frankland, B.Sc., will lecture at St. George's Hall on "Micro-organisms; their place in Nature, and how to study them," illustrated by diagrams and preparations.

THE inquest upon Hannah and Edward Bowles, who are alleged to have been poisoned at Camberley, has been adjourned for another fortnight. The authorities are very reticent as to the results already obtained from their inquiries.

FATAL FOOTBALL ACCIDENT.—At an inquest held on the 2nd inst. at Princes End, near Sedgley, on the body of a youth who received fatal injuries whilst playing football on the 29th ult., the jury returned a verdict of "Accidental death."

LITERARY ANNOUNCEMENTS.—A translation of Sir Morell Mackenzie's book on the "Hygiene of the Vocal Organs" has just appeared in Germany, from the pen of the well-known laryngologist, Dr. Michael of Hamburg, under the title of "Singing and Speaking." A Dutch translation of the same work, by Dr. G. D. Cohen Tervaert, of the Hague, will shortly appear.—The publishers of *Brain* announce that, owing to the serious and prolonged illness of Dr. A. D. Watteville, it will be impossible to publish Part 39 of that work in October. It has accordingly been decided that instead of publishing Part 39 very much after its proper date, it will be best to issue Parts 39 and 40 together in January, 1888.

A MEETING of the Association of Municipal and Sanitary Engineers and Surveyors for the Home Counties District was held at Luton on the 29th ult., chiefly for the purpose of inspecting the new sewerage works which were recently completed by the Corporation at a cost of £20,000.

HEREDITY AND NURTURE. — A course of three lectures on the above subjects will, with the permission of the Lords of the Committee of Council on Education, be given at the South Kensington Museum, on behalf of the Anthropological Institute, by Francis Galton, F.R.S., President of the Institute. The lectures will be delivered on Nov. 12th and the two following Saturdays, at 4.30 P.M.

AT the annual meeting of the Governors of the Doncaster Infirmary on the 27th ult. it was reported that the expenditure for the past twelve months was nearly £120 more than that of the previous year. This excess was attributed to the late railway accident at Hexthorpe.

BRITISH HOME FOR INCURABLES.—An Anglo-Danish fête will take place in May next, for the purpose of celebrating the silver wedding of the Prince and Princess of Wales, by rebuilding this institution, a course which has been rendered necessary by the expiration of the lease of the present premises.

WEST KENT MEDICO-CHIRURGICAL SOCIETY. — The following gentlemen have been elected officers and Council for the session 1887-88:—President: J. Brindley James. Vice-Presidents: Peter Horrocks, M.D.; Thos. Moore, F.R.C.S. Council: G. H. Cable, M.R.C.S; Ernest Clarke, M.D., B.S.; Peter Cooper, M.R.C.S.; W. Collingridge, M.D.; Alex. Forsyth, M.D.; Frederick Moon, M.B.; J. Poland, F.R.C.S. Treasurer: Prior Purvis, M.D. Secretary: H. W. Roberts, M.R.C.S. Librarian: Ernest Clarke, M.D.

A CENTENARIAN.—The death is reported from Constantinople of a man named Dimitrios Antippa at the extraordinary age of 115. The deceased was born at Kephalonia in 1772, and, though in his later years he settled down as a merchant in the Turkish capital, he had passed his earlier days in Paris during the Reign of Terror, having had among his personal friends Marat, Danton, and Robespierre. To the last M. Antippa retained his clearness of intellect.

THE COLLEGE OF STATE MEDICINE.—At a meeting of the council on Wednesday, Nov. 2nd, Sir Joseph Fayrer, K.C.S.I., chairman, the following gentlemen were elected Associates of the College: Francis John Allan, M.D., D.P.H. Camb.; Jas. Richardson Andrew Clark, D.P.H. Camb; Francis H. S. Murphy, M.D., D.S.S.R. Irel.; Robert Sloss Stewart, M.D., D.P.H. Camb.; Francis Harper Treherne, F.R.C.S., D.P.H. Camb.; Alfred H. Twining, D.P.H. Camb.; William Henry Weddell, D.P.H. Camb.; and George Edward Cartwright Wood, M.B., B.Sc. (Public Health) Edin.

"THE FOOD WHICH HAS LAIN IN THE OOZE OF THE THAMES."—On 11th October the steamship *Escurial* collided with the steamship *Georgian* at the top of Greenwich Reach, and received damage. Five thousand packages of currants were wetted with clean salt water only. These were examined by the medical officer of health of the Port of London on Oct. 25th (the day before they were exposed to public sale), and were then found to be perfectly good for food. They were wet but sound, tasting slightly salt only. They required only washing to be perfectly good. They were passed as fit for sale. During the month of October 2000 tins of meat, 54 cases of oranges, 38 barrels of lobster, and 277 tons of beef have been seized by the port medical officer, and destroyed as unfit for food.

TRAGICAL DEATH OF A FRENCH MILITARY SURGEON. A tragical event has just occurred at Lille. A young military surgeon, who had committed some offence, was incarcerated in a disciplinary cell, and, being afraid of the hours seeming long at night, smuggled in a candle, which was contrary of course to the regulations, and lay in bed reading. After a time he must have fallen asleep, with the candle burning. Early in the morning smoke was observed by the non-commissioned officer outside to be issuing from the door. An alarm was raised, and the room entered. The cell was full of smoke from the bedclothes, &c., which had been on fire; and the body of the deceased, who had apparently been first suffocated and then burned, was found lying on the ground.

ON the 27th ult. the Jarrow magistrates fined a man 2*s.* 6*d.* and costs for wilfully exposing his son, who was suffering from scarlet fever, without taking proper precautions to prevent the spread of the disease.

ST. JOHN AMBULANCE ASSOCIATION. — A public meeting was held on the 26 ult. at the Assembly Rooms, Wood Green, Mr. J. R. Fitt in the chair, to advocate the formation of a branch of the above Association. An inaugural address was delivered by Colonel Duncan, C.B., M.P., who pointed out the advantages of instruction in "first aid" to persons of all positions of life, and instanced many cases where such knowledge had been of the greatest value, urging those present not to delay in joining a movement so philanthropic and unselfish in its object. Several local medical men having spoken in support, a resolution to commence classes forthwith was carried unanimously.

THE ROYAL ACADEMY OF MEDICINE IN IRELAND.—The following office-bearers have been appointed for the ensuing year:—Medical Section: President—James Little. Council—M. A. Boyd, J. H. Benson, A. Foot, Samuel Gordon, T. W. Grimshaw, R. A. Hayes, Alex. N. Montgomery, J. W. Moore, C. Nixon, Conolly Norman. Surgical Section: President—Anthony H. Corley. Council—William Colles, C. Coppinger, Kendal Franks, Edward Hamilton, P. J. Hayes, Edward S. O'Grady, W. Thornley Stoker, R. L. Swan, Sir William Stokes, W. J. Wheeler. Obstetrical Section: President—J. R. Kirkpatrick. Council—L. Atthill, Andrew J. Horne, G. H. Kidd, Professor R. J. Kinkead, J. R. Lane, A. V. Macan, T. M. Madden, Samuel Mason, R. D. Purefoy, W. J. Smyly. Pathological Section: President—C. B. Ball. Council—E. H. Bennett, Arthur H. Benson, J. Magee Finney, J. Lentaigne, T. E. Little, A. McKee, J. M. Purser, J. A. Scott, W. G. Smith, J. B. Story. Anatomy and Physiology Section: Chairman—H. Brooks. Council—A. J. Birmingham, H. Broomfield, D. J. Cunningham, F. I. Henston, Edward Ledwich, I. M. Purser. Section of State Medicine: Chairman—C. F. Moore. Council—Sir C. A. Cameron, E. McD. Cosgrave, T. M. Grimshaw, I. W. Moore, John Murphy, Stephen M. MacSwiney. General Secretary and Treasurer: William Thomson.

Appointments.

Successful applicants for Vacancies, Secretaries of Public Institutions, and others possessing information suitable for this column are invited to forward it to THE LANCET *Office, directed to the Sub-Editor, not later than 9 o'clock on the Thursday morning of each week for publication in the next number.*

ABRAM, J. H., M.R.C.S., L.R.C.P.Lond., has been appointed House-Physician to the Royal Infirmary, Liverpool.

APPLETON, THOMAS A., M.R.C.S., L.S.A., has been appointed Medical Officer for the First District of the Fulham Union.

ASHBY, ALFRED, M.B., has been appointed Medical Officer of Health to the Borough of Reading.

BALL, JOHN A., M.B.Lond., M.R.C.S., has been appointed Medical Officer for the Hendred District of the Wantage Union.

BEAVER, R. A., L.M.S., has been appointed House-Surgeon to the Royal Infirmary, Liverpool.

BINNIE, J. FAIRBAIRN, M.A., M.B., C.M., has been appointed House-Physician to the Maternity Hospital, Glasgow.

BLOMFIELD, A. G., M.D.Aber., A.K.C.Lond., has been appointed Physician to the Exeter Dispensary.

BLOXSOME, CHARLES H., L.R.C.P.Ed., L.R.C.S., has been appointed Medical Officer for the Second Division of the Third District of the Northleach Union.

CLARKE, W. F., M.R.C.S., has been appointed House-Physician to Guy's Hospital.

DAVIDSON, GEORGE, M.A., M.B., C.M.Aber., has been appointed Assistant Medical Officer to the Govan Poorhouse and Asylum, vice P. H. Walker, M.B., C.M.Glas., resigned.

DELISLE, ALBERT, M.R.C.S., L.R.C.P.Lond., has been appointed Junior House-Surgeon to the Torbay Hospital.

DOYLE, HENRY MARTIN, M.R.C.S., L.S.A., has been appointed House-Physician to the London Hospital.

DREW, H. W., M.R.C.S., has been appointed House-Surgeon to Guy's Hospital.

FISHER, T., M.R.C.S., has been appointed House-Physician to Guy's Hospital.

FOX, WALTER, M.B., C.M., has been appointed House-Physician to the Maternity Hospital, Glasgow.

MANBY, E. E., M.B., B.C.Cantab., M.R.C.S., has been appointed House-Surgeon to Guy's Hospital.

MITCHELL, ADAM GANATT, L.R.C.P. Ed., L.R.C.S. Ed., has been appointed Medical Officer and Medical Officer of Health to the Kinnetty Dispensary District of the Parsonstown Union, King's County.

MOODY-WARD, RICHARD, B.A., M.B. Oxon., has been appointed Physician to the Royal Berkshire Hospital, Reading, vice Shea, deceased.

NICHOLLS, WILLIAM JOHN, M.R.C.S., L.R.C.P., L.M.Ed., has been appointed Medical Officer to the Somersham District of the St. Ives Union.

WILLIAMS, C. L., M.B., C.M.Edin., has been reappointed House-Surgeon to the Royal Infirmary, Liverpool.

WILLIAMS, JOHN H., M.R.C.S., L.S.A., has been appointed Medical Officer for the Llanbyther District of the Lampeter Union.

Vacancies.

In compliance with the desire of numerous subscribers, it has been decided to resume the publication under this head of brief particulars of the various Vacancies which are announced in our advertising columns. For further information regarding each vacancy reference should be made to the advertisement.

BOROUGH OF SHEFFIELD.—Medical Officer of Health. Salary £500 per annum.

CENTRAL LONDON OPHTHALMIC HOSPITAL, Gray's-inn-road, W.C.—House-Surgeon.

CENTRAL LONDON SICK ASYLUM DISTRICT.—Assistant Medical Officer and Dispenser. Salary £100 per annum, with board and residence.

CENTRAL LONDON THROAT AND EAR HOSPITAL, Gray's-inn-road, W.C.—Registrar and Pathologist. Small honorarium.

LINCOLN COUNTY HOSPITAL.—House-Surgeon. Salary £100 per annum, with board, lodging, and washing.

NOTTINGHAM GENERAL HOSPITAL.—Resident Surgical Assistant. Board, lodging, and washing, but no salary.

QUEEN'S COLLEGE, Birmingham.—Professor of Gynæcology.—Lecturer on Operative Surgery.

ROYAL ALBERT ASYLUM FOR IDIOTS AND IMBECILES OF THE NORTHERN COUNTIES, Lancaster.—Assistant Medical Officer. Salary £120 per annum, rising £10 annually to £150, with board, apartments, and washing.

ROYAL UNITED HOSPITAL, Bath.—Resident Medical Officer. Salary £100 per annum, with board and lodging.

STROUD GENERAL HOSPITAL.—House-Surgeon. Salary £80 per annum, with board, washing, and lodging.

THRAPSTON UNION.—Medical Officer. Salary £50 per annum, exclusive of medical extras and vaccination fees.

WESTERN GENERAL DISPENSARY, Marylebone-road, N.W.—Honorary Dental Surgeon.

WESTMINSTER HOSPITAL MEDICAL SCHOOL, Caxton-street, S.W.—Lecturer on Physiology.

WILTS COUNTY ASYLUM.—Second Assistant Medical Officer. Salary £100 per annum, with board, residence, attendance, and washing.

Births, Marriages, and Deaths.

BIRTHS.

BROWNE.—On the 23rd ult., at Largo House, Rathmines, Dublin, the wife of Robert Browne, M.D., F.R.C.S.I., J.P., of a son.

GABB.—On the 27th ult., at Copthorne, Guildford, the wife of J. Percy A. Gabb, M.D.Lond., of a daughter.

GOSSE.—On the 21st ult., at Eccleshall, Staffordshire, the wife of Hope Wilkes Gosse, M.R.C.S., L.R.C.P.Ed., of a son.

NICOLL.—On the 31st ult., at Glenarm House, Upper Clapton, the wife of T. Vere Nicoll, M.R.C.S., L.R.C.P.Lond., of a son.

ORMEROD.—On the 23rd ult., at Upper Wimpole-street, the wife of Joseph Arderne Ormerod, M.D. Oxon., F.R.C.P. Lond., of a daughter.

POTTS.—On the 27th ult., at Vicarage-villas, Willesden, N.W., the wife of W. A. Beevor Potts, M.R.C.S., L.S.A., of a daughter.

MARRIAGES.

DAVIES—LLEWELLYN.—On the 1st inst., at St. Paul's, Burdett-road, Hughes Reid Davies, L.R.C.P., M.R.C.S., to Edith Anne, elder daughter of Dr. Evan Llewellyn, of The Limes, Bow.

DAVIS—TOMLINSON.—On the 1st inst., at All Saints', Margaret-street, Cavendish-square, Theodore Davis, M.D., to Emily Alice, widow of the Rev. R. C. L. Tomlinson, and daughter of the late William Dale.

DICKSON—LONGMORE.—On the 2nd inst., at 56, Melville-street, Edinburgh, George William Dickson, M.B., C.M.Edin., of Dunkeld, to Helen, youngest daughter of the late Adam Chalmers Longmore, of H.M. Exchequer, Scotland.

DEATHS.

BENNETT.—On the 25th ult., at Okehampton, suddenly, Frederick Chas. Bennett, M.R.C.S., aged 42.

DEAR.—On the 29th ult., at Exeter, Matthew Ross Dear, M.D., formerly of Kirkleatham, Yorkshire, aged 83.

KERSHAW.—On the 26th ult., at Whitecross-street, E.C., Benjamin Kershaw, M.R.C.S., L.S.A., aged 59.

O'MEARA.—On the 28th ult., at Sheffield, Timothy O'Meara, L.R.C.P.Ed., L.R.C.S., aged 38.

SMITH.—On the 30th ult., at Edinburgh, J. Y. Smith, M.D., Deputy Surgeon-General, retired, Bombay Medical Service.

TEEVAN.—On the 1st inst., at the York House Hotel, Bath, Jas. Teevan, Esq., of 18, Chesham-place, London. R.I.P. Friends will please accept this intimation.

N.B.—*A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.*

Medical Diary for the ensuing Week.

Monday, November 7.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10.30 A.M., and each day at the same hour.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M., and each day at the same hour.

CHELSEA HOSPITAL FOR WOMEN.—Operations, 2.30 P.M.; Thursday, 2.30.

ST. MARK'S HOSPITAL.—Operations, 2 P.M.; Tuesday, 2.30 P.M.

HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.

METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and each day in the week at the same hour.

ROYAL INSTITUTION.—5 P.M. General Monthly Meeting.

MEDICAL SOCIETY OF LONDON.—8.30 P.M. Mr. Marmaduke Sheild: A case of Acute Glossitis in a Child complicated with Trismus.—Dr. Bristowe: The Presystolic Murmur.

Tuesday, November 8.

GUY'S HOSPITAL.—Operations, 1.30 P.M. and on Friday at the same hour. Ophthalmic Operations on Monday at 1.30 and Thursday at 2 P.M.

ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.; Friday, 2 P.M.

CANCER HOSPITAL, BROMPTON.—Operations, 2.30 P.M.; Saturday, 2.30 P.M.

WESTMINSTER HOSPITAL.—Operations, 2 P.M.

WEST LONDON HOSPITAL.—Operations, 2.30 P.M.

ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Consultations, Monday, 2.30 P.M. Skin Department, Monday and Thursday, 9.30 A.M.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8.30 P.M. Mr. W. Arbuthnot Lane: (1) On the Mode of Fixation on the Scapula, suggested by a study of the movements of that bone in extreme flexion of the shoulder-joint, and its bearing upon fracture of the coracoid process; (2) An Undescribed Method by which the Superjacent Weight of the Body is Transmitted in a United or Ununited Fracture of the Neck of the Femur through an acquired Ilio-femoral Articulation, and the Bearing of the Principle involved upon the Surgery of the Hip-joint.—Mr. Warrington Haward: A case of Excision of a Tubercular Movable Kidney.

Wednesday, November 9.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour. Ophthalmic Operations, Tuesday and Thursday, 1.30 P.M. Surgical Consultations, Thursday, 1.30 P.M.

ST. THOMAS'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour.

LONDON HOSPITAL.—Operations, 2 P.M.; Thursday & Saturday, same hour.

GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.

SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2.30 P.M.

UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Saturday, 2 P.M. Skin Department, 1.45 P.M.; Saturday, 9.15 A.M.

ROYAL FREE HOSPITAL.—Operations, 2 P.M., and on Saturday.

KING'S COLLEGE HOSPITAL.—Operations, 3 to 4 P.M.; Friday, 2 P.M.; Saturday, 1 P.M.

CHILDREN'S HOSPITAL, GREAT ORMOND-STREET.—Operations, 9 A.M.; Saturday, same hour.

HUNTERIAN SOCIETY.—8 P.M. Mr. Symonds: Obscure cases of Disease of the Cæcum.—Dr. Silk and Dr. Goodhart: Cases of Perityphlitis.—Mr. Fowler: A case of Richter's Hernia.

ROYAL MICROSCOPICAL SOCIETY.—8 P.M. Mr. H. B. Brady: Synopsis of the British Recent Foraminifera.—Mr. C. R. Beaumont: Metamorphoses of Amœbæ and Actinophrys.

HOSPITALS ASSOCIATION.—8 P.M. Mr. Keith D. Young: Hospital Construction.

Thursday, November 10.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. Ophthalmic Operations, Friday, 1.30 P.M.

CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

NORTH-WEST LONDON HOSPITAL.—Operations, 2.30 P.M.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—8.30 P.M. Living and Card Specimens at 8 P.M by Messrs. Hartridge and Silcock and Drs. Mules and Poulett Wells. Dr. Sharkey: (1) Fatal case of Brain Disease with Hemianopia; (2) Note on a previously recorded case of Hemianopia.—Mr. Nettleship: Iridectomy in Relapsing Iritis.—Mr. J. Hutchinson, jun.: On Quiet Iritis.—Mr. Lawford: Congenital Defect of External Ocular Muscles.—Mr. Emrys-Jones (Manchester): (1) An Unusual Complication after Sub-conjunctival Tenotomy of Internal Rectus; (2) Persistent Hæmorrhage in the Anterior Chamber after Iridectomy for Chronic Glaucoma.

ABERNETHIAN SOCIETY (St. Bartholomew's Hospital).—Surgical Discussion: Anæsthetics (introduced by Mr. E. Willett).

Friday, November 11.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

MEDICO-PSYCHOLOGICAL ASSOCIATION.—4 P.M. Quarterly Meeting. Meeting of Council at 3 P.M.

CLINICAL SOCIETY OF LONDON.—8.30 P.M. Sir Henry Thompson: Enormous Prostate, vesical calculi, free and encysted, urine passed for years by catheter, now by supra-pubic tube, rendering catheterism unnecessary.—Mr. A. F. MacGill (Leeds): Supra-pubic Prostatotomy, with three cases in which the operation was successfully performed for chronic prostatic hypertrophy.—Dr. Gibbons and Mr. R. W. Parker: Removal of Tumour from the Female Bladder by Galvano-cautery, rapid dilatation of urethra, combined with supra-pubic incision.—Dr. Clemow: Case of Hysterical Hyperpyrexia. Living cases:—Dr. Goodhart and Dr. Carpenter: Hereditary Ataxia (a family of three).

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—9 P.M. Mr. Henry Power: On the Relations between the Sexual Organs and the Eye.

Saturday, November 12.

MIDDLESEX HOSPITAL.—Operations, 2 P.M.

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET Office, November 3rd, 1887.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Max. Temp. Shade.	Min. Temp	Rain fall.	Remarks at 8.30 A.M.
Oct. 29	29·74	S.W.	52	51	81	59	46	·07	Raining
,, 29	29·72	S.W.	50	48	85	59	45	...	Fine
,, 30	29·48	S.W.	44	42	79	53	41	·60	Cloudy
,, 31	29·50	S.W.	43	40	77	51	39	·07	Overcast
Nov. 1	29·35	S.	47	44	...	49	42	...	Overcast
,, 2	29·27	S.W.	47	45	80	55	43	·23	Cloudy
,, 3	28·85	S.W.	51	50	...	53	46	·21	Cloudy

Notes, Short Comments, & Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editors."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for insertion or for private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe or recommend practitioners.

Local papers containing reports or news-paragraphs should be marked and addressed to the Sub-Editor.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "to the Publisher."*

We cannot undertake to return MSS. not used.

CAUSES OF BLINDNESS.

DR. SERGIEFF, of the Viatski province of Russia, who has taken notes of the causes of blindness of 824 persons in his locality, 501 of whom were females, finds that the cause is trachoma or granular lids in 245 cases, disease of the cornea in 129, cataract in 110, small-pox in 112. Injuries accounted for less than 5 per cent. of the cases. Amongst 1176 persons blind of one eye, 222 referred the cause to injury, a large number of these stating that they had met with accidents with the straw during harvest time.

Messrs. Hothersall and Co.—We have no recollection of having made reference to the matter.

Dr. Alexander Harkin.—We regret we have not by us a copy of the number of the publication mentioned.

SWALLOWING ARTIFICIAL TEETH.

To the Editors of THE LANCET.

SIRS,—I notice in recent issues of THE LANCET several interesting cases of the swallowing of coins, &c. Possibly the following case may be of similar interest to some of your readers.

On Friday last, about 8 A.M., I was called to see Mrs. B——, the messenger stating that she had swallowed her artificial teeth. On my arrival she said she was in the habit of sleeping with the teeth in the mouth, and that they comprised the four upper incisors, with a composition-plate fitting half the upper palate. On awaking, she found the teeth in her throat, and was obliged to swallow them. She complained of pain in the epigastrium and between the shoulders. I passed the horsehair probang down the œsophagus into the stomach, and gently moved it about in the stomach, but was unsuccessful in extracting the teeth. I repeated the operation three times unsuccessfully. I then administered an emetic consisting of one scruple of ipecacuanha powder and ten grains of sulphate of zinc in a cupful of warm tea, and directed the patient to eat a few figs, which she did. Having to leave to attend a labour case in an adjoining street, I called about an hour afterwards, and found that she had vomited the set embedded in the figs. During the after-part of the day she complained of the former pain between the shoulders and in the epigastrium, and was unable to lie down. Relief was obtained by ten-drop doses of tincture of opium and hot poultices applied back and front. On calling the next day I found her free from all pain, and to all appearance perfectly well—a happy issue out of her trouble.

I am, Sirs, yours truly,

GEO. W. HOLDITON, L.R.C.P. Ed., &c.

Dalton-in-Furness, Oct. 24th, 1887.

"LEICESTER PROTECTED BY VACCINATION."

Mr. Biggs.—We adhere to our approval of inquiry "by competent and unprejudiced persons." But we did not contemplate the nomination of so many Leicester officials, who, according to our correspondent, believe in vaccination, but certainly have taken up a strongly antagonistic position to the Vaccination Acts. The constitution of such a committee would have to be gravely discussed, and the time for its appointment. As to the points in dispute between Mr. Biggs and ourselves there can be no doubt: That those exposed to small-pox patients in Leicester are protected by vaccination and revaccination, one nurse excepted, in whom revaccination at another small-pox hospital did "not take," and she, almost of course, incurred small pox, and so became protected; that Mr. Biggs in his account of the immunity of Leicester entirely ignored this protective influence, which, according to the overwhelming opinion of the medical profession and of all civilised nations, constitutes the chief security of Leicester, without which all the excellent police arrangements would not avail, as they will not avail for any Leicester man, woman, or child, when they come to be exposed to small-pox either out of Leicester or when it may come into Leicester "like a flood," and not in driblets, as now.

E. H. should apply to the Secretary of the St. John Ambulance Association, St. John's-gate, Clerkenwell.

G. M. O.—At this distance it is impossible for us to discuss the details of a matter which has been the subject of judicial inquiry.

MORE "ROUGH-AND-READY MEDICAMENTS."

To the Editors of THE LANCET.

SIRS,—With reference to a letter of mine that appeared under this heading some time since in these pages, will you kindly allow me to give a few other illustrations in point, and to ask your readers for any or such others of like import as may have come under their notice.

1. Burnet is responsible for the first, and it occurs in his Life (p. 211) of that pious and kindly Anglican bishop, Dr. Bedell of Dromore, of whom it is said that a Catholic priest who knew him well, and respected him accordingly, said at his grave, "O sit anima mea cum Bedello." It runs to the effect that "a few years before his death he (Bedell) had some severe fits of the stone," and that "the best remedy that he found for it was to dig in his garden till he had very much heated himself, by which he found a mitigation of his pain," and this heat acted, no doubt, on him pretty much as a stoup or a warm bath might. The late Mr. Allarton (or, it might be, some other to me now unknown writer) has told a very similar story of the famous Bishop of Meaux, the "Magnus Bossuetius" of my old Gallican tutor, and like stories are, I think, told of others in the same condition.

2. Describing the medicinal remedies or contrivances of the savages of equatorial Africa, Sir Samuel Baker says ("The Albert N'yanza," vol. ii., p. 274) that "the treatment for headache among all the savage tribes was a simple cauterisation of the forehead in spots burnt with a hot iron close to the roots of the hair."

3. Describing the ecclesiastical arrangements of the Russian Church in his day, and with especial reference to the deposition and incarceration in chains by order of the Czar of one of the best of their metropolitans, Baron von Herberstein, says ("Notes upon Russia," Hakluyt Society, vol. i., p. 54) that "one Daniel succeeded him as metropolitan, a man of about thirty years of age, of a large and corpulent frame, and with a red face, who, lest he should be thought more given to gluttony than to fastings, vigils, and prayers, used on all occasions when he had to perform any public ceremony to expose his face to the fumes of sulphur to make himself pale, *and when he had by this means become thoroughly pale* he would present himself in public"! The italics are mine, and I use them to point out a valuable addition, when pallor is the object to be acquired, to our ordinary cosmetic resources, and ask at the same time if this very practice has not been long recommended, *inter alios*, by Terence or Menander?

I am, Sirs, your obedient servant,

Auriol-road, W., August, 1887. W. CURRAN.

PASSAGE OF FOREIGN BODIES THROUGH THE ALIMENTARY CANAL.

To the Editors of THE LANCET.

SIRS,—The following case may make a pendant to that of "H.F.S." in your issue of Oct. 15th, as showing the opposite rate of speed in the passage of a metallic body through a child.

On Whit Sunday (May 29th), I was startled by a message that a young patient of mine, aged eight months, had "cut his throat." The messenger, who was a foreign gentleman, drew his hand across his throat so that there might be no mistake. I arrived at 1.30 P.M., and found that the mother had been alarmed at seeing some blood coming from the *inside* of the throat, and that at the same time she had missed the screw and clip [enclosed] which was used for the purpose of compressing the tube of the feeding bottle. I appeased her alarm, and next morning at 7.45 the child passed it, open to the full point just as I forward it. A word of warning to mothers to discard these clips would be useful. A knot in the tube, tightened or relaxed according to circumstances, is sufficient.

I am, Sirs, yours faithfully,

Oct. 25th, 1887. J. B. B.

BURIAL REFORM.

To the Editors of THE LANCET.

SIRS,—Touching this subject, as noticed in your issue of Oct. 15th, and as tending towards full development of the object in view, I wish to raise the following points for inquiry and elucidation.

Among the desired reforms mentioned are: "That the coffin should be of the most perishable and lightest material," and "burial in the plain earth, in conformity with the instructions in the Burial Service—'earth to earth.'" But would not even "compressed pulp" as the material of the coffin in dry earth tend to postpone decomposition? and cannot the coffin be completely got rid of in order that the earth may have full play, and at once, on the body? Are there any valid objections in this country to envelopment of the body in merely some light sheeting, and so interred (simple and primitive), with an additional temporary covering of cloth during transit to the cemetery? Or, if the process of conveyance and religious ceremonies in church require some firmness in the material to conceal from view the outline of the body, could not a wooden coffin be made of separable parts to further these aims, but to be removed after deposition in the grave? Suppose that the bottom of the coffin (of wood or any other temporary firm material), a plank with outline as at present, had at about an inch or less from the edge a thin wooden ridge about three inches high running all round (to keep the upper part *in situ* and prevent escape of fluid from the body), and so forming one part, and the top and sides to form the other, the latter when connected with the former enclosing the ridge and resting on the bottom with a few light iron clamps to retain the two portions firmly together in transit. The body in some light covering could be lowered in this into the grave, and after completion of the ceremonies the upper part (clamps loosened previously) could be drawn up, leaving the body resting on the bottom of the coffin, but free elsewhere for direct contact with the earth. This would deviate but little outwardly from our present system up to deposition in the grave; but beyond this it would thoroughly (the back of the corpse excepted) effect "earth to earth." It would not necessarily entail very early burial; and though an objection might be raised by the friends to the ground falling roughly on the all but exposed body (hardly more unpleasant than the rattle on the hollow coffin), yet a little care in the deposition of the first earth would obviate this natural grievance. The cost would be small, as the upper part of the coffin would be available for any number of burials, while sanitation and transit purposes would be met. The riddance of any kind of coffin seems eminently desirable. What is to be said against the suggestion?

I am, Sirs, yours faithfully,

October, 1887. F. H. W.

REMARKABLE CASE OF LONGEVITY.

To the Editors of THE LANCET.

SIRS,—Should you think the following of sufficient interest, will you insert it in the columns of your journal?

The death is announced of Miss Charlotte Pigot, aunt of the present rector of Whittington, Kirkby Lonsdale, at the Rectory, on Sunday, Oct. 9th. She was born at Alington, in Shropshire, on July 9th, 1785, where her father, Thomas Pigot, Esq., resided, her grandfather being Charles Peplow Pigot, Esq., of Peplow, in the same county. Fourteen years ago, being then eighty-eight years of age, deceased came to the Rectory, as she said, "to die"; but a remarkably vigorous constitution repelled death's attacks, and she lived to this ripe old age in unburdensome cheerfulness. Some years ago deceased lost her eyesight; but every other faculty she possessed up to the very last in a marked degree. The most remarkable feature of this wonderful lady is that she was never confined to her bed for a single day until the last few months of her life, and it was only through the loss of the use of her legs that she ultimately took to bed. Her powers of digestion were most remarkable. Up to the very last her appetite was as vigorous as in the prime of life, eating hard-boiled eggs (ten minutes), pork pie, and Welsh rarebit with the greatest relish, and feeling no evil effects whatever. Her memory, too, was wonderful. On her hundredth birthday she conversed with great avidity upon events that took place in 1795, the particulars of which were present in her mind. She had a room to herself at the Rectory, but always joined the family at meals down stairs. Breakfast was served at 8.30, to which the deceased never failed to put in an appearance; and after the evening meal she would spend the evening with the family until 10.30 in cheerful conversation. Her nephew on her hundredth birthday drove her into the town of Kirkby Lonsdale, which she seemed very proud of. There must be something in the locality of the district which tends to prolong life; for at Heysham, near here, a lady at present survives who is in her hundred and third year. I am, Sirs, yours very truly,

W. E. LEDGARD, L.R.C.P.Ed., M.R.C.S.

Kirkby Lonsdale, Oct. 18th, 1887.

STROPHANTHUS PODS FROM THE NIGER.

To the Editors of THE LANCET.

SIRS,—We have pleasure in forwarding you herewith a specimen pod of an entirely new species of strophanthus from the Niger, just to hand. We have noticed in it that though the pod and seed somewhat resemble those of S. hispidus, the foliage, which has also reached us, is quite different. We have so often been asked by medical men to supply samples, that we think it would be of interest to your readers to know they can now obtain pods for materia medica collections.

We remain, Sirs, yours truly,

Lime-street, E.C., Nov. 1st, 1887. THOS. CHRISTY AND CO.

CHEFOO HOSPITAL.

DR. DOUTHWAITE, medical missionary connected with the China Inland Mission, who has a hospital at Chefoo, mentions in a recently published report that though there are a few beds proper for surgical cases, the patients prefer the *k'ang* to any bed. The *k'ang* is a brick platform, six feet wide, raised two feet and a half above the floor, and extending across the room. The top is composed of stone slabs, plastered over with clay, and is warmed by burning grass or other fuel in the flue, which ramifies beneath it. It is covered with straw matting in summer, and padded quilts in cold weather. On these hard, comfortless beds the patients will lie or sit for weeks, quite happy and contented, and really prefer them to the spring mattresses which are provided for those who desire them. One advantage of this arrangement is that the bed can be covered with a clean sheet of whitewash whenever necessary. This necessity arises very often, and the mats the patients have slept on require drenching with boiling water after being used a short time. The reason for this is obvious. The prevailing diseases are those of the skin and the respiratory and digestive organs; but during the spring and summer months remittent fever is most common. "Passion" or anger is, according to the natives, the cause of all classes of disease, from glaucoma to gastro-hepatic troubles. This anger does not cause the people to feel in the least ashamed of themselves, as they consider themselves merely irresponsible victims.

Justitia.—No doubt B earned his promotion by his long tenure as house-surgeon; but the selection of B might surely have been made without any discourtesy to A.

Mr. E. W. Evans.—If the engagement was verbal, and there was no written agreement specifying that written notice must be given, the engagement can be terminated by a proper verbal notice.

Dr. Salvati is thanked for his communication.

VACCINATION AND SMALL-POX AMONGST THE CHINESE.

To the Editors of THE LANCET.

SIRS,—Vaccination in connexion with small-pox having recently been made the subject of some comments in your journal, the following figures may prove of some interest. They are taken from an abstract of a very instructive colonial surgeon's report for 1886, by Mr. P. B. C. Ayres of Hong Kong.

Small-pox Hospital (European), 11 admissions, with one death—i.e., a mortality of 9·1 per cent. Small-pox wards of Tung Wa Hospital (Chinese), 54 admissions, with forty-two deaths—a mortality of 77·7 per cent. In connexion with the European cases it is stated in the report that "most of the cases were of a mild type," but that the Asiatic cases were "mostly of the worst type, unvaccinated, and the majority children." The former set of cases, then, show the work of small-pox amongst what may be taken to be a fairly well vaccinated community, and under skilful treatment; the latter the mortality of the same disease amongst an unprotected race and under Chinese treatment. This question of treatment must, of course, be taken into account in drawing a conclusion. But, on the other hand, it must be remembered that the Europeans are living in, for them, an unnatural climate, and so far would probably be in a less favourable condition of health to withstand the action of the disease than the Chinese, who, in spite of their filthy mode of living and the apparent poverty of their diet—I am alluding to the native labouring classes in European settlements—are a hardy race. It may be mentioned in passing that a few of these Chinese are vaccinated; for it is mentioned in the above report that 2206 successful vaccinations were performed during the year at the Tung Wa Hospital. Judging, however, from my somewhat limited experience on the Chinese coast as ship surgeon, where I had at different times a considerable number of coolies under my charge, the proportion so protected must be minute. In short, after every circumstance has been taken into consideration, the figures given will, I think, be allowed to form an additional argument, if any be required, in favour of the prophylactic efficacy of vaccination.

I remain, Sirs, your obedient servant,

Norland-square, W., Oct. 29th, 1887. ALEX. G. R. FOULERTON.

"ABUSE OF HOSPITALS BY THE WELL-OFF."

To the Editors of THE LANCET.

SIRS,—Here is another authentic case. A married lady, one of my own relatives, without family and spending £70 or £80 yearly on dress, consulted a "lady's doctor" (now deceased), who after a while said she must undergo some surgical treatment, for which he persuaded her to go into one of the largest of the London hospitals to which he was attached. This she did; and was in the hospital several weeks. He made no stipulation that a donation or payment of any kind should be made to the hospital. On subsequently learning these facts and ascertaining that this fashionable lady had positively not made any gift to the hospital, although I know that she and her husband had an income of about £500 a year, I took £10 out of my own pocket and made the husband enclose it to the treasurer of the hospital as an acknowledgment for services rendered and costs incurred. In the above case I think the surgeon was blameworthy for permitting the hospital funds to have been so abused.

I am, Sirs, yours truly,

Oct. 27th, 1887. M.D.

"ANTIPYRIN IN MIGRAINE."

To the Editors of THE LANCET.

SIRS,—Kindly allow me to send you a notice from Germany about "Antipyrin in Migraine." In your issue of the 15th I read a very interesting case from Dr. Edward Warren-Bey of Paris, of his having treated a lady suffering from migraine with antipyrin very successfully.

May I tell you that in Germany treatment with antipyrin in cases of migraine has been for some time past very successful; that all our medical men prescribe this medicine in migraine. The dose which we give is half a gramme. It is best to give it in the aura, before the attack comes on. For instance, when a patient feels the evening before that she is likely to have an attack the next morning, she should take antipyrin when she goes to bed, and when she awakes the next morning and feels, notwithstanding this, that the migraine will come, she must take a second dose, remaining in bed for one or two hours, and in most cases the attack of migraine will be suppressed. In my own practice I have successfully treated many cases. Antipyrin is not only a very good remedy for migraine, but many practitioners have used it for tabes dorsalis (especially for the pains) with very satisfactory results. The dose in this case would be the same as for migraine.

I am, Sirs, respectfully yours,

Dresden, Oct. 30th, 1887. ARTHUR BERTHOLD, Dr. Med.

"LINIMENTS FOR CLUB USE."

To the Editors of THE LANCET.

SIRS,—In reply to your correspondent, "Club," I beg to say he will find the following formula a cheap and useful liniment for club patients: ℞ Sp. terebinth., ʒviii.; liq. ammon. fort., sapo mollis, aa ʒvi.; aquæ, O.iv. Ft. liniment. Dissolve the soap in boiling water; when cold, add the turpentine and ammonium; when mixed it will form on shaking a very nice emulsion without any deposit of soap. Of course, the liniment can be made any strength by increasing or decreasing the ingredients.

I am, Sirs, yours truly,

Andover, Nov. 1st, 1887. S. B. FARR.

*** Other correspondents offer the same prescription.—ED. L.

"HOME FOR INEBRIATES OF LIMITED MEANS."

To the Editors of THE LANCET.

SIRS,—In reply to Dr. Wilson's question in your last issue, I can highly recommend the British Women's Temperance Home. The terms are from 7s. 6d. to £1 10s. per week. The Matron, The Mount, Perry-rise, Forest-hill, would answer inquiries.

I am, Sirs, yours faithfully,

New Wanstead, E., Oct. 31st, 1887. ALICE E. G. HAWKES.

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. Mayo Robson, Leeds; Dr. C. D. F. Phillips, London; Dr. C. W. Dulles, Philadelphia; Dr. Charteris, Glasgow; Mr. Pepper, London; Dr. John Wood, Walsall; Dr. Berthold, Dresden; Mr. Hulke; Dr. Hooper May, Tottenham; Dr. Nos, Tottenham; Mr. Habgood; Mr. Marcus Gunn, London; Dr. W. H. Barlow, Manchester; Dr. R. W. Lowe, Brighton; Mr. F. R. Humphreys, London; Mr. McNicoll, Southport; Mr. J. Milner, Hayes; Mr. Boyd, Ripon; Dr. Grove, Melksham; Mr. Puddicombe; Mr. W. B. Carne, Kingsland; Messrs. T. Christy and Co., London; Dr. Authoniaz, Colombo; Mr. F. W. Gibbon, South Shields; Mr. S. B. Farr, Andover; Mr. Jolliffe, Croydon; Mr. Nelson Hardy, London; Mrs. Hawkes; Mr. Jalland, York; Messrs. Leader and Son, Sheffield; Mr. F. G. Heath, London; Messrs. Hopkinson and Co., Nottingham; Mr. R. M. Whitham; Mr. Williams, Tunbridge Wells; Mr. Tobin, Dublin; Mr. Collins, London; Messrs. Brown and Co., Glasgow; Mr. Blaikie, London; Dr. M. Wyman; Drs. Waller and Reid; Dr. Brett, Watford; Mr. A. L. Rose, Hull; Messrs. Clarke and Co., London; Mr. Gem, London; Dr. Saundby; Messrs. Blake and Co., Leeds; Mr. Foulerton, London; Mr. McLintock, Church Stretton; Dr. Collie, London; Dr. Whittle, Brighton; Messrs. Lea and Nightingale, Liverpool; Mr. Lowther, Ventnor; Dr. Smith, New Westminster, Canada; Mr. Mercier, Clayton-le-Moors; Mr. Dawson Burns, Tooting; Mr. T. Pagan Lowe, Bath; Messrs. Macmillan and Co., London; Mr. Dennis, Hartford, U.S.A.; Messrs. Lorimer and Co., London; Dr. Branting, Hawkstay; Dr. Heelas; Dr. T. Wood Hill, London; Mr. Green, London; Mr. Keeley; Messrs. Calvert and Co., Manchester; Messrs. Churchill, London; Messrs. Bennett Bros., Salisbury; Mr. Lewis, Birmingham; Dr. Bond; Mr. Russell, Liverpool; Mr. Huxley, London; Mr. Brown, London; Mr. Brown, Bournemouth; Dr. Walford, Ramsgate; Mrs. Moore, Desengano; Dr. Churton, Leeds; Mr. Owen, Leeds; Mr. Stockings; Mr. Langley, London; Mr. Duschnitz, Vienna; Mr. Ruck, Roade; Major Ormond, Bath; Dr. Finney, Montreaux; Mr. Whitford, London; Mr. Diggins, Lancaster; Messrs. Wotherspoon, London; Messrs. Maclachlan and Co., Edinburgh; Mr. G. W. Stevens, London; Messrs. Wright and Co., Bristol; Mr. Hearson, London; Mr. Lambert; Messrs. Trübner and Co., London; Mr. Corcoran, Rochester; Messrs. Reynolds and Branson, Leeds; Mr. F. Dixon, Kempston; Messrs. Reynell and Co., London; Mr. Smith, Sheffield; Mr. E. W. Evans; Mr. Mayhew, Ipswich; Mr. Townsend, Exeter; Mr. Johnson, Leicester; Dr. John Brown, Cape Colony; Mr. Tunmer, Harrogate; Dr. Duncan, Frome; Mr. J. G. Simpson; Avibus; B. B.; Endymion; E. R., Tunbridge Wells; J. T.; M.D.; G. M. O.; E. H.; Medicus, Holland-park.

LETTERS, *each with enclosure*, are also acknowledged from—Dr. Skerritt, Bristol; Mr. Thwaites, Bristol; Mr. Kerr, Glasgow; Messrs. Bell and Co., Edinburgh; Mr. Morton, Kidderminster; Dr. Abbot, Tunbridge Wells; Mr. Ansbrox, London; Mr. Tweed, London; Messrs. Robbins and Co., London; Dr. Rayner, Camberwell; Messrs. MacFarlane and Co., London; Mr. Pace, Newcastle-on-Tyne; Messrs. Woollams and Co., London; Dr Harvey, Bayswater; Dr. Sansom; Messrs. Woolley and Co., Manchester; Mr. Mundy, Hampstead; Messrs. Russell and Co., Ilfracombe; Mr. Bremner, Walmer; Mr. Count; Messrs. Oliver and Boyd, Edinburgh; Mr. Jones, Treherbert; Messrs. Maythorn and Son, Biggleswade; Mr. Borcombe, Lincoln; Messrs. Burgoyne and Co., London; Mr. Manger, Ventnor; Mr. Moring; Messrs. Slinger and Co., York; Mr. Furley, Clerkenwell; Mr. Godfrey, Northampton; Mr. Walford, Aberdeen; Dr. Taylor, Grantham; Mr. W. Anderson, London; Mr. Kershaw, London; Dr. Langston, Rochester; Mr. G. Lawson, London; Mr. Beresford, Belfast; Mr. Hodgson; Mr. Harris, Chatham; Mr. Foote, Cirencester; Mr. Davis, Worcester; Mr. Chote, Brading; Mrs. Irvine, Swindon; Dr. Cooke, Sheffield; Mr. Wermald, Manchester; Mr. Armstrong, Manchester; Messrs. Bullock and Reynolds, London; Mr. Somerville, Edinburgh; Mr. Saunders, Blaenavon; Mr. Reynolds, Alfreto; Mr. Stenhouse, Glasgow; Dr. Tate, Birmingham; Sphenoid, Schaff; F., Halifax; Q. R.; Dr. H., Leeds; M. V., Haverstock-hill; F. G., Norbiton; C. J. S., London; Public Health; E., Liverpool; Matron, Portsmouth; Foxhound; B. S., Long Sutton; Matron, Weston-super-Mare; B.A.; Doctor, Cannes; M. C., St. John's-wood; Secretary, Glasgow; A. T. C., Reading; Secretary, Iver; S. J.; P. S.; Nauticus; H. W.; F. D.; Omega; G. B. W., Hertford; Surgeon, Southampton; G. G. T.; A. B. C.; Medicus, Stamford.

Somerset County Gazette, Retford News, Shields Daily Gazette, York Herald, Guy's Hospital Gazette, Cardiff Evening Express, L'Hygiène Pratique, The Zoophilist, The Land Roll, &c., have been received.

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